





COUNTY BOROUGH OF EASTBOURNE

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# ANNUAL REPORT

OF THE

Medical Officer of Health

FOR

1969

ON THE

**Health, Welfare, School Health  
and Meteorological Services**

AND AS

Medical Referee to the Eastbourne Crematorium

KENNETH O. A. VICKERY, M.D., M.R.C.S., D.P.H.

*Medical Officer of Health*



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# ANNUAL REPORT

HEALTH AND WELFARE SERVICES DEPARTMENT  
AVENUE HOUSE  
EASTBOURNE

*To His Worship the Mayor and to the Aldermen and Councillors of the  
County Borough of Eastbourne*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the seventy-eighth Annual Report of the state of the Public Health in Eastbourne and the work of the Department.

## *Statistical*

With continued extensive building activity both centrally and peripherally of both private and council development of dwelling houses and flats it is not surprising that a further increase in population is recorded. Indeed, the 1,090 advance in the mid-year estimate of the Registrar-General would appear to be very modest in the circumstances. Even so, Eastbourne continues to be one of very few County Boroughs recording successive material increases in population.

## *Birth Rate*

The birth rate per 1,000 population (corrected) in conformity with the national trend showed a further fall to 12.0, the sixth successive fall from the second post-war peak of 15.6 in 1963. Whilst the national trend may well be desirable in the light of the overcrowded state of much of Britain, a fall in the birth rate in Eastbourne is to be regretted having regard to the age structure of the local population.

Another national trend, well marked in Eastbourne, is the excess of male live births over female. The excess this year is 36. Some 550 more boys than girls have been born during the 25 years since the end of the war to parents resident in Eastbourne. An excess of male births over female is no new phenomenon. What is new, and a bonus of preventive medicine, is that the excess of boys now mostly survive the perils of infancy whereas earlier in the century the greater infant mortality of males redressed the balance. The arrival at marriageable age of significantly more boys than girls must surely be of social consequence!

## *Domiciliary Midwifery*

The turn of the year brought the retirement of two senior domiciliary midwives, Miss Scammell and Miss Bennett, who between them over many years brought numerous babies into the world in the homes of the parents. This they undertook with patience, skill and understanding. The local doctors have expressed their gratitude

to these devoted public servants. Generations of mothers have been similarly grateful. We wish them well in their well-earned retirement.

However, their retirement also coincides with a continued drop in the number of domiciliary confinements, the demand for which is now so low that it is no longer economic or professionally desirable to continue a 24-hour on demand domiciliary service even if further midwives could be recruited who would be prepared to undertake no more than a handful of confinements per annum. We now, therefore, have a *de facto* demise of the domiciliary midwifery service so far as booked confinements are concerned. A classical example of the misleading use of statistics occurs from time to time when sociologists endeavouring to make a point, divide the cost of the domiciliary midwifery service by the number of home confinements and draw false conclusions regarding relative costs between respective areas. Such calculations fail to recognise the extensive work undertaken by the domiciliary midwives and nurses in home care of the increasing number of early discharge maternity cases from hospital.

### *Social Services*

The Social Services Act has received the Royal Assent. It is my personal opinion that it was rushed through Parliament with insufficient understanding and debate upon its doctrinaire concepts and further serious encroachment upon the freedom of local authorities to run their services in the manner which seems best suited to local needs. The Bill contained moreover a financial memorandum which implied that no significant increase on public funds would result from its passage. If this were truly the case a main objective of the Seeborn report to obtain an infusion of resources into allegedly neglected services is set at nought. In practice the adoption of the Act is certain to result in a heavy increase in expenditure in the appointment of staff and departmental reorganisation in advance of the slightest benefit being passed to the needy consumer.

It is, therefore, relevant to ask if the social services in Eastbourne are adequate to the needs of the community and, if not, will the Social Services Act enable them to be materially improved.

The Social Services for the major group of persons most greatly in need of them, *i.e.* the aged infirm, are in fact deficient in a number of respects. Most serious of all and affecting all other services is a substantial deficit in the number of hospital beds for the elderly sick. The shortages in services for which the Council has administrative control result from ministerial control of the rate of development of the Council's capital expenditure programme for homes and housing units for the aged and an insufficiency of pairs of hands willing and able to care for the elderly at home or in hostel.

The Social Services Act could well be creating a gulf between health and welfare no less grievous than those already existing between the three parts of the Health Service which Green Papers seek to eliminate. The Social Services Act does nothing moreover to bring together the administration of financial welfare—so called social

security benefit and the personal welfare undertaken by community social workers. Local offices of Social Security although called upon to dispense a considerable sum to most needy recipients employ few, if any, social workers. Such offices may be seen to be doing a good job within their terms of reference. Understandably, however, social workers who know and visit the homes of many of these recipients in relation to their general problems will often have a different view of the degree of need and might well—particularly in the interest of children in the family—wish to see more help given in kind rather than in cash and made conditional upon the co-operation of families towards rehabilitation where necessary. The bringing together of these two major aspects of social welfare would necessitate the development of local financial welfare from central to local government, an unlikely event in the present climate of movement in the opposite direction.

I therefore venture the opinion that the Social Services Act has missed opportunities that should have been taken and seeks to divide that which should better be consolidated. Recent social legislation now permits very wide provision of services. Indeed, in many respects the sky is the limit in what may now be provided by the Social Services. Whatever the form of future administration, it will henceforth be even more essential to ensure that the limited resources of manpower and the not unlimited resources of money and material are so apportioned as to ensure priority to those who truly need social service.

At the time of writing, my Council is awaiting the outcome of an application under Section 15 (5) for postponement of certain provisions of the Act pending reform of Local Government and the National Health Service.

### *Environmental Control and Ecology*

One of the most satisfactory national and international trends which reached a climax during the year was the public awakening of the necessity of an immediate increase of vigilance and control in the matter of pollution and despoilation of the environment. On 11th December the Prime Minister announced the setting up of a Royal Commission on Environmental Pollution and 1970 is to be European Conservation Year.

Suddenly there is a widespread concern regarding such matters as the contamination of land, sea and air, the sophistication of food, distortion of the balance of nature, the excessive use of chemical fertilisers in agriculture and the consequences of hormonal and antibiotic administration to livestock.

Those few lay and professional persons who have ventured to question such practices over the past few decades have become accustomed to being wilfully misunderstood by the vested interests concerned. Some who have pleaded for a reduction in the damagingly high content of refined carbohydrate in everyday dietary coupled with an increase of live fresh food have been dubbed health and rabbit food fanatics. Others who have questioned the assumption that the

land is a perpetual inexhaustible supply of health giving produce so long as increasing quantities of chemical fertilisers are added have been dubbed apostles of muck and magic. Others like Dr. Franklin Bicknell and Rachel Carson who have demonstrated the baleful effects of the misuse of hormones, toxic agricultural sprays and factory farming have been labelled scaremongers and alarmists.

It has required, as always, a number of shocks for the attitude of professional and public opinion to be changed. The reaction which has now set in is summarised under headlines in the *Evening Standard*, 17th June, 1970, "Scientists who used to laugh at health food faddists are suddenly not so amused for evidence is accumulating that the back to nature brigade are right after all".

There has been less misrepresentation in the matter of the increase of the more visible and audible pollution of the environment such as despoilation of the land and water by waste products, contamination of the atmosphere by petrol and diesel exhaust fumes and the rising threshold of noise. Here the official attitude has rather been one of indifference. Weight of public opinion now compels attention to these matters.

The continued proliferation of human life in such a hostile environment denotes that physical life at elemental level is extremely robust. With so many potential assaults on the life of the cell the surprise must be not that cancer exists but rather that it is not much more common.

Positive health, as opposed to the indifferent health, of the average man in the street is conversely an elusive plant. Its full attainment becomes increasingly more difficult as man moves further away from the soil which is his foundation of life.

The great challenge of the present time is to use the best of modern science and technology to feed already immense world populations, to contain the further population explosion, and to preserve essential aspects of the quality of life in order that the dietary suffices not just to sustain life with indifferent health but to provide that it includes a sufficiency of a wide range of nutrients and true elements some only at present found in fresh grown produce to ensure at the same time as years are added to life, that life is also added to years.

### *Health Centres*

At the turn of the year, Eastbourne's first Health Centre, after a lengthy period of gestation, was near to completion. At the time of writing it was in harmonious operation. By no means a "first" in the national league, nevertheless, a significant innovation for health service practice and co-operation in the circumstances of medical practice in a south coast resort.

### *Acknowledgements*

I wish to renew once again my sincere appreciation to members of the Council for their understanding and support and for their

invariable willingness within their powers and resources to provide necessary services for the betterment of health and welfare. I am fortunate also to work in an area where a high standard of medical practice prevails and I am obliged to my medical colleagues for their ready co-operation.

No small part of the good relationship which the department seeks to enjoy with the Council, the public and the professions is dependent upon the loyalty and conscientious work of the staff which I hereby acknowledge with renewed appreciation.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

KENNETH VICKERY,

*Medical Officer of Health.*

*September 1970*

## HEALTH SERVICES AND WELFARE SERVICES COMMITTEES

(as constituted at 31st December, 1969)

*The Mayor:*

ALDERMAN C. F. BAKER, J.P.

*Chairman:*

COUNCILLOR T. G. LE N. FORD

*Deputy Chairman:*

COUNCILLOR J. W. E. HOWLETT

*Aldermen:*

MRS. W. L. LEE  
M. SKILTON

*Councillors:*

J. ANGELMAN  
J. R. ELPHICK  
R. POYNTER  
C. G. SCOTT

## PUBLIC PROTECTION COMMITTEE

(as constituted at 31st December, 1969)

*The Mayor:*

ALDERMAN C. F. BAKER, J.P.

*Chairman:*

COUNCILLOR J. W. E. HOWLETT

*Deputy Chairman:*

ALDERMAN L. W. PYLE

*Councillors:*

A. G. BANFIELD  
P. S. BROCKWELL  
C. H. LACEY  
MRS. K. E. RAVEN  
F. C. SOLLY  
T. W. WARD

# HEALTH SERVICES AND WELFARE SERVICES

## DEPARTMENT STAFF

(in post at 31st December, 1969)

### *Medical Officer of Health:*

KENNETH O. A. VICKERY, M.D., B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

### *Deputy Medical Officer of Health:*

WALTER JAMES WIGFIELD, M.A., M.B., B.Chir., D.P.H.

### *Senior Medical Officer:*

MARJORIE I. GODSON, M.B., Ch.B., D.P.H.

(Certificate in Radiological Protection)

### *Departmental Medical Officers:*

MARY SIMPSON, M.B., Ch.B., D.P.H.

(Diploma in Anaesthetics)

U. M. DUGAN, M.B., B.S. (Part-time)

### *Chief Dental Officer:*

R. A. ABBEY, L.D.S., R.C.S., D.D.O.

### *Assistant Dental Officers:*

J. W. MARTIN, L.D.S.

PAMELA L. COOPER, B.D.S.

### *Chief Public Health Inspector:*

EDWARD EDLINGTON (a) (b) (c)

### *Deputy Chief Public Health Inspector:*

F. T. RIPPIN (a) (b)

### *Public Health Inspectors:*

L. G. HOWARD (a) (b)

M. G. ILLMAN (a) (b) (c)

A. MATTHEWS (a) (b) (d)

T. MATTHEWS, S.R.N. (a) (b) (c)

G. N. RICHARDS (a) (b)

J. J. WICKENS (a)

### *Pupil Public Health Inspector:*

G. E. RUTLAND

### *Technical Assistant:*

S. A. HALL

### *Qualifications:*

- (a) Certificate of the Royal Sanitary Institute and Sanitary Inspector's Examination Joint Board.
- (b) Meat and Food Inspector's Certificate, Royal Society of Health.
- (c) Smoke Inspector's Certificate, Royal Society of Health.
- (d) Sanitary Science Certificate, Royal Society of Health.
- (e) Public Health Inspector's Diploma.

### *Superintendent of Home Nursing Service and Non-Medical Supervisor of Midwives:*

MISS N. E. RUSSELL, R.F.N., S.R.N., S.C.M., Q.N., H.V.Cert.

*Deputy Superintendent of Home Nursing:*

R. S. NEWMAN, S.R.N., Q.N.

*Senior District Nurse:*

MRS. J. E. RAINSLEY, S.R.N., Q.N.

*District Nursing Sisters:*

MRS. E. EKREM, S.R.N., Q.N.  
MISS E. M. LEE, S.R.N., Q.N.  
MRS. S. MARKEY, S.R.N., Q.N.  
MRS. G. M. MEEN, S.R.N., Q.N.  
MISS J. PEARSON, S.R.N., S.C.M., Q.N.  
MRS. A. C. PERKINS, S.R.N., S.C.M.  
MISS J. A. U. PETERS, S.R.N., S.C.M., Q.N.  
\*A. ROCHELL, S.R.N., Q.N.  
MRS. M. I. THORNE, S.R.N., S.C.M., Q.N.  
†MRS. I. M. JENNER, S.R.N., S.C.M.  
MRS. I. BOOTHROYD, S.R.N., R.F.N., Q.N.  
MRS. M. J. GRENFELL, S.R.N.  
MRS. C. HEALEY, S.R.N., R.M.N.  
MISS K. PARSLow, S.R.N.  
MRS. A. S. POWELL, S.R.N.  
MRS. S. M. SHANDLEY, S.R.N.  
MRS. N. SPENCE, S.R.N.  
MRS. M. E. SULEMAN, S.R.N.

*\*District Nursing Officer*

*†District Nurse/Midwife*

*District Nurses:*

MRS. H. DOWNING, S.E.N.	MRS. D. T. WALDEN, S.E.N.
MRS. E. HOLTOM, S.E.N.	MRS. J. A. MILLICHAMP, S.E.N.
MISS K. NEWTON, S.E.N.	MRS. A. REYNOLDS, S.E.N.
MRS. D. C. PINYOUN, S.E.N.	MRS. A. M. URIDGE, S.E.N.

*Nursing Auxiliaries:*

MRS. D. B. M. BARTHOLOMEW	MRS. O. LANGTON
MRS. C. M. CARLSON	MRS. J. B. STEPHENSON
MRS. J. P. HANFORD	MR. E. G. TOMPSETT

*Domiciliary Midwife:*

MISS M. A. BENNETT, S.C.M.

*Superintendent Health Visitor:*

MRS. D. I. DALE, S.R.N., S.C.M., H.V.Cert.

*Senior Health Visitor:*

MISS E. E. GRIFFIN, S.R.N., S.C.M., H.V.Cert.

*Health Visitors:*

MISS B. D. BEALE, S.R.N., S.C.M., H.V.Cert.  
MISS H. HAMILTON MOSS, S.R.N., S.C.M., H.V.Cert.  
MISS B. J. HUDSON, S.R.N., S.C.M., H.V.Cert.  
(Diploma in Social Studies)  
MISS J. K. MITCHENER, S.R.N., H.V.Cert.  
MISS H. M. PATTERSON, S.R.N., H.V.Cert.  
MISS A. N. RANKS, S.R.N., S.C.M., H.V.Cert.  
MRS. E. L. SNASHALL, S.R.N., H.V.Cert.  
MISS B. G. STEVENS, S.R.N., S.C.M., H.V.Cert.  
MRS. S. M. TENNANT, S.R.N., H.V.Cert.  
MRS. M. F. TOMSETT, S.R.N., H.V. Cert.

*School Nurse:*

MRS. G. ARMSDEN, S.R.N.

*Student Health Visitors:*

MISS G. A. BRAND, S.R.N., S.C.M.      MISS D. M. MABEY, S.R.N., S.C.M.  
MISS A. M. REEVE, S.R.N.

*Clinic Assistants:*

MRS. D. M. DOWNEY      MRS. J. W. NETHERCOTT

*Health Education Officer:*

MISS M. G. HEMMING, S.R.N., H.V. Cert.

*Health Education Assistants (Part-time):*

MRS. V. BUCKLAND      E. C. THOMPSON

*Home Help Service:*

MRS. V. HARDY-KING, M.I.H.H.O., Home Help Organiser  
MRS. E. M. BRACEY, Assistant Home Help Organiser

*Mental Welfare and Welfare Services:*

V. O. F. LITTLE, F.I.S.W., L.M.R.S.H., Welfare Services Officer  
H. A. HURT, A.I.S.W., Senior Mental Welfare Officer and Deputy Welfare Services Officer  
MRS. S. D. GREEN, M.S.M.W.O., Diploma in Social Studies, Deputy Senior Mental Welfare Officer

*Mental Welfare and Welfare Officers:*

MISS A. HARMAN, C.S.W. Cert.  
MRS. J. E. HUNT, S.R.N., S.C.M., H.V. Cert.  
MISS E. E. INESON, Senior Social Welfare Officer for the Blind  
MRS. M. H. LADLEY, Social Welfare Officer for the Blind  
MISS R. WALKER, S.R.N., S.C.M., Q.N., H.V. Cert.  
(Diploma in Social Studies)

*Welfare Assistants:*

MRS. P. N. CLARK, S.E.N.      MRS. A. H. EYSENCK  
MRS. V. E. SMITH, S.E.N.      MRS. C. R. A. TENNANT

*Occupational Therapist:*

MRS. P. M. ROBERTSON, M.A.O.T.

*Speech Therapist:*

MRS. K. G. HANSFORD

*Handicraft Instructor:* MISS E. LAWSON

*Administrative and Clerical Staff:*

E. TARBUCK, Chief Administrative Assistant  
W. L. PECK, Senior Administrative Assistant  
P. G. CLARK, D.M.A., Administrative Assistant

*Section Clerks:*

MISS B. DOUCH      R. E. STONEHEWER  
MISS M. S. HARDY      MISS G. E. WOODS  
D. E. MOSELEY      MRS. V. M. YOUNG

*Secretary to Medical Officer:*

MISS Y. J. DUNMALL

*Secretarial and Filing:*

MISS D. M. BEETLESTONE      MISS D. A. CURRYER  
MRS. J. C. RUDMAN

*Clerical:*

MRS. P. BALL (Part-time)	MRS. M. HODKINSON
MRS. E. COOPER (Part-time)	MRS. S. M. HOOK (Part-time)
E. G. ELKINGTON	MRS. V. HOULDSWORTH (Part-time)
MRS. M. J. FAGGETTER	MISS J. P. JENNINGS
G. M. FITZHUGH	MRS. G. M. MORRIS
MISS P. A. FOWLER	

*Dental Surgery Assistants:*

MRS. D. J. ANDREWS (Part-time)      MISS K. FARRINGTON  
MRS. K. A. COLEMAN

*Chiropodists (Whole-time):*

D. J. BETTLES, M.Ch.S., S.R.Ch.      J. D. MOULT, L.Ch., S.R.Ch.  
MISS E. M. WILLIAMS, M.Ch.S., S.R.Ch.

*Public Analyst:* T. E. RYMER, F.R.C.O.

# OFFICES AND ESTABLISHMENTS OF THE HEALTH, WELFARE AND SCHOOL HEALTH SERVICE DEPARTMENT

				<i>Telephone No. Ext.</i>
Headquarters, Avenue House	..	..	..	21333
Welfare Services, Avenue House	..	..	..	„ 281
Mental Health Service, Avenue House	..	..	..	„ 265
Health Visitors, Avenue House Clinic	..	..	..	„ 283
District Nurses, Avenue House Annexe	..	..	..	„ 287
Home Helps, Avenue House	..	..	..	„ 271
School Health Service, Avenue House Clinic	..	..	..	„ 282
Child Guidance, Avenue House Clinic	..	..	..	„ 275
Dental Service, Avenue House Clinic	..	..	..	„ 272
Public Health Inspectors, Avenue House Annexe	..	..	..	„ 293
Winifred Lee Health Centre, Wartling Road	..	..	..	20272
Old Town Clinic, 2/4 Birling Street	..	..	..	33335
Hampden Park Clinic, Hampden Park Hall	..	..	..	53485
Langney Clinic, Langney Community Hall	..	..	..	61214
Princes Park Day Nursery, Wartling Road ( <i>Matron</i> : Miss M. Kennedy)	..	..	..	25188
Hazel Court School, Shinewater Lane ( <i>Principal</i> : Miss E. Burns)	..	..	Langney	61
Hazel Court Hostel, Shinewater Lane ( <i>Matron</i> : Mrs. D. Bradley)	..	..	Langney	62
Adult Training Centre, Salehurst Road ( <i>Manager</i> : Mr. G. Townsend)	..	..	..	20248
The Yews Hostel, St. Leonards Road ( <i>Matron</i> : Mrs. M. C. Bainbridge)	..	..	..	28720
Ambulance Depot, Dursley Road ( <i>Chief Ambulance Officer</i> : Mr. W. E. Field)	..	..	..	25345

## OLD PEOPLE'S HOMES

Cavendish Lodge, Cavendish Place ( <i>Superintendent</i> : Mr. T. Shore)	..	..	..	24878
Trevin Towers, Gaudick Road ( <i>Superintendent</i> : Mr. W. Oliver)	..	..	..	30122
Staveley Court, Staveley Road ( <i>Superintendent</i> : Mr. F. W. Mephram)	..	..	..	24402
St. Anthony's Court, Seaside ( <i>Superintendent</i> : Mr. C. Roberts)	..	..	..	29117
Willoughby Court, Willoughby Crescent ( <i>Superintendent</i> : Mr. L. Spencer)	..	..	..	29862
Parker House, Redoubt Road ( <i>Matron</i> : Mrs. J. Jerratt)	..	..	..	20957
Firwood House and Day Centre, Brassey Avenue ( <i>Superintendent</i> : Mr. G. W. Schofield)	..	..	..	54584

## BATHS

Motcombe Baths, Motcombe Road	..	..	..	21575
Seaside Baths, Seaside	..	..	..	22167

## Staff of the Health and Welfare Services Department at 31.12.69

	<i>Full-time</i>	<i>Part-time</i>	<i>Total</i>
Medical Officers of Health, Deputy and Assistants	4	1	5
Dental Officers .. .. .	2	1	3
Administrative and Clerical Staff .. .. .	20	4	24
Dental Surgery Assistants .. .. .	2	2	4
Public Health Inspectors .. .. .	7	—	7
Student Public Health Inspector .. .. .	1	—	1
Health Visitors, including Superintendent .. .. .	13	—	13
Student Health Visitors .. .. .	3	—	3
Clinic Nurse .. .. .	2	—	2
Home Help Organisers .. .. .	2	—	2
Home Nurses, including Superintendent .. .. .	18	9	27
Domiciliary Midwife .. .. .	1	—	1
Nursing Auxiliaries .. .. .	—	8	8
Social Welfare Officers for the Blind .. .. .	2	—	2
Occupational Therapists and Handicraft Instructors	—	3	3
Speech Therapist .. .. .	1	—	1
Welfare Assistants .. .. .	4	—	4
Chiropodists .. .. .	3	—	3
Health Education Officer and Assistants .. .. .	1	2	3
Welfare Officer and Mental Welfare Officers .. .. .	6	—	6
Day Nursery .. .. .	10	3	13
Occupation Centre .. .. .	4	4	8
Junior Training Centre and Hostel .. .. .	15	10	25
Old People's Homes .. .. .	84	59	143
The Yews Hostel .. .. .	2	1	3
Old Town and Seaside Baths .. .. .	3	4	7
Domestic Helps .. .. .	—	69	69
Technical Assistant .. .. .	1	—	1
Rodent Operator .. .. .	1	—	1
Others, <i>i.e.</i> Cleaners, Caretaker, Van Driver .. .. .	3	8	11
	<hr/> 214	<hr/> 189	<hr/> 403

### Representation upon and Membership of Other Bodies

Your Medical Officer of Health acknowledges the valuable privilege of membership of and attendance at meetings of a number of organisations whose main objective is the furtherance of knowledge and inter-professional relationship including the following as at 31st December, 1969:

- Royal Institute of Public Health and Hygiene (Member of Council)
- Royal Society of Health (Member of Council)
- British Medical Association (Member of Sussex Branch Council and Divisional Executive)
- Eastbourne Medical Society (President-elect)
- St. John Ambulance Brigade, Eastbourne Division (Vice-President)
- Medical Advisory Committee, Eastbourne Hospital Group (Member)
- Eastbourne Local Medical Committee (Member)
- Joint Health Consultative Committee (Member)

# SECTION A

## GENERAL

Vital Statistics

Notification of Births

General Information—Natural and Social Conditions

## VITAL STATISTICS

Estimated mid-year population: 69,290

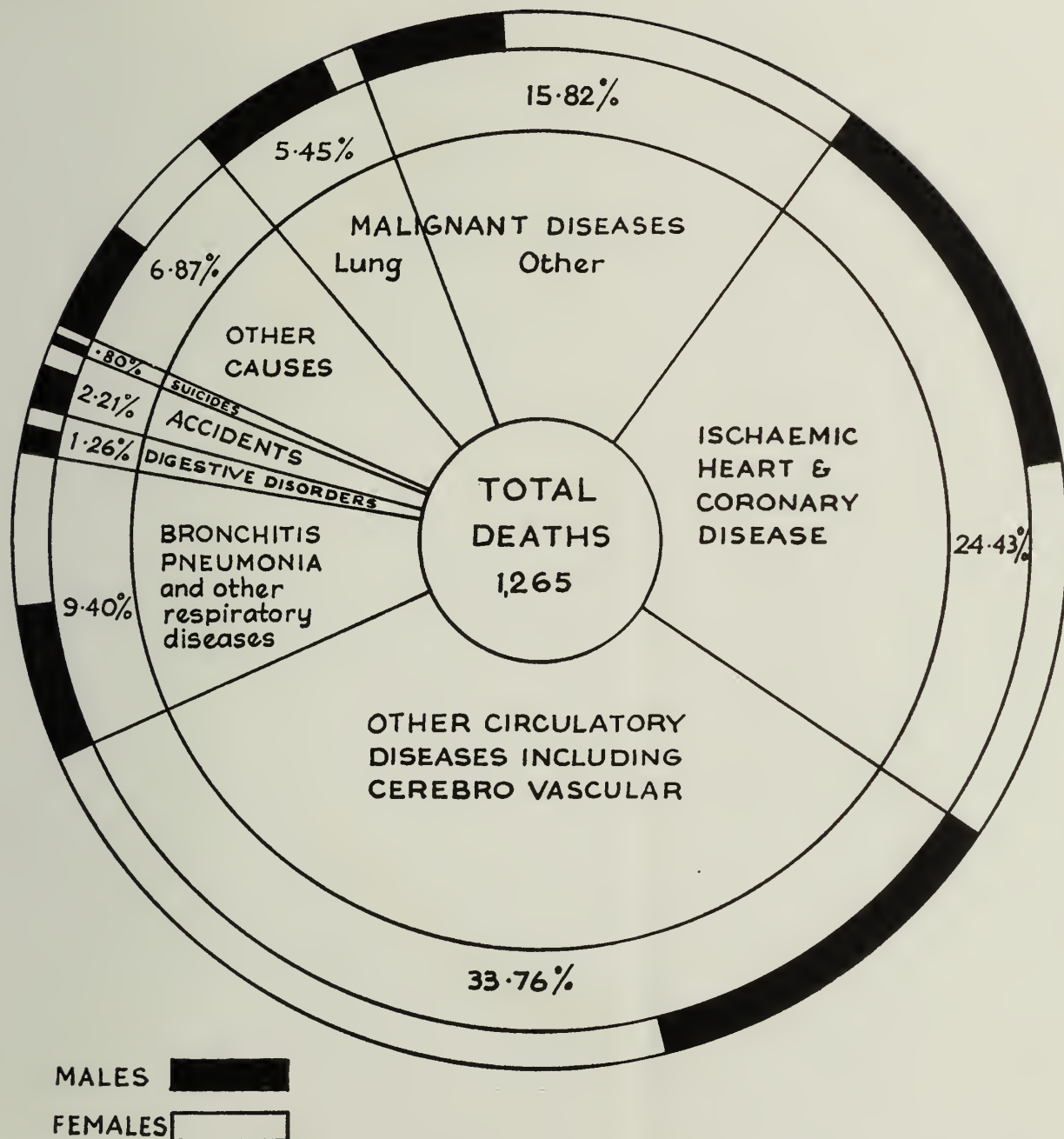
Registered Births					Males	Females	Total
Live births—Legitimate	..	..	..	..	301	283	584
Illegitimate	..	..	..	..	39	21	60
					<hr/> 340	<hr/> 304	<hr/> 644
Still births—Legitimate	..	..	..	..	6	4	10
Illegitimate	..	..	..	..	—	—	—
					<hr/> 6	<hr/> 4	<hr/> 10
Deaths							
All causes	..	..	..	..	549	716	1,265
Live births:					<i>England &amp; Wales</i>		
Number	..	..	..	..	644	797,542	
Rate per 1,000 population	..	..	..	..	9.3	16.3	
Live birth rate per 1,000 population after applying "Area Comparability Factor" (1.29)	..	..	..	..	12.0		—
Illegitimate live births per cent. of total live births	..	..	..	..	9		8
Still births:							
Number	..	..	..	..	10	10,662	
Rate per 1,000 live and still births	..	..	..	..	15	13	
Total live and still births	..	..	..	..	654	808,204	
Infant deaths (deaths under one year)	..	..	..	..	8	14,397	
Infant mortality rates:							
Total infant deaths per 1,000 total live births	..	..	..	..	12	18	
Legitimate infant deaths per 1,000 legitimate live births	..	..	..	..	12	17	
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	..	..	17	25	
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	..	..	..	..	5	12	

	<i>England Eastbourne &amp; Wales</i>	
Early neo-natal mortality rate (deaths under one week per 1,000 total live births) ..	3	10
Peri-natal mortality rate (still births and deaths under one week combined per 1,000 total live and still births) .. ..	18	23
Maternal mortality (including abortion):		
Number of deaths .. ..	1	198
Rate per 1,000 total live and still births ..	1.5	0.24
Death rate (crude) per 1,000 population ..	18.3	11.9
Death rate after applying "Area Comparability Factor" (0.54) .. ..	9.9	—
Deaths from Tuberculosis .. ..	2	2,091
Tuberculosis death rate per 1,000 population ..	0.02	0.04

### **Causes of Death**

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis of respiratory system .. ..	—	2	2
Other Tuberculosis .. ..	—	1	1
Malignant neoplasm—buccal cavity .. ..	2	1	3
Malignant neoplasm—oesophagus .. ..	4	3	7
Malignant neoplasm—stomach .. ..	8	15	23
Malignant neoplasm—intestine .. ..	11	26	37
Malignant neoplasm—lung, bronchus .. ..	54	15	69
Malignant neoplasm—breast .. ..	—	40	40
Malignant neoplasm—uterus .. ..	—	8	8
Malignant neoplasm—prostrate .. ..	9	—	9
Leukaemia .. ..	2	6	8
Other malignant neoplasm .. ..	21	44	65
Benign and unspecified neoplasms .. ..	1	1	2
Diabetes mellitus .. ..	6	5	11
Other endocrine, etc., diseases .. ..	—	1	1
Anaemias .. ..	1	2	3
Mental disorders .. ..	—	1	1
Other diseases of nervous system, etc. .. ..	4	7	11
Chronic rheumatic heart disease .. ..	5	11	16
Hypertensive disease .. ..	6	15	21
Ischaemic heart disease .. ..	158	151	309
Other forms of heart disease .. ..	34	74	108
Cerebrovascular disease .. ..	98	166	264
Other diseases of circulatory system .. ..	12	22	34
Influenza .. ..	2	5	7
Pneumonia .. ..	23	39	62
Bronchitis and Emphysema .. ..	32	9	41
Asthma .. ..	1	1	2
Other diseases of respiratory system .. ..	2	2	4
Peptic ulcer .. ..	4	4	8
Intestinal obstruction and hernia .. ..	—	3	3
Cirrhosis of liver .. ..	3	1	4
Other diseases of digestive system .. ..	5	3	8
Nephritis and nephrosis .. ..	2	3	5

Analysis of Causes of Death by Percentage of All Causes





	<i>Males</i>	<i>Females</i>	<i>Total</i>
Hyperplasia of prostate .. ..	5	—	5
Other diseases—genito-urinary system ..	3	4	7
Abortion .. ..	—	1	1
Diseases of musculo-skeletal system ..	—	4	4
Congenital anomalies .. ..	6	—	6
Symptoms and ill-defined conditions ..	3	2	5
Motor vehicle accidents .. ..	6	2	8
All other accidents .. ..	10	10	20
Suicide and self-inflicted injuries ..	5	5	10
All other external causes .. ..	1	1	2
	<hr/> 549	<hr/> 716	<hr/> 1,265

**Extract from Death Returns for the year ended 31st Dec., 1969**  
(Locally compiled statistics)

<i>Age</i>	<i>Malignant neoplasm, lung, bronchus</i>		<i>Ischaemic and coronary disease, angina</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
42	—	—	1	—
43	1	—	—	—
47	—	—	1	—
48	1	—	—	—
52	—	—	1	—
53	1	—	2	—
54	1	—	3	—
55	—	—	3	—
56	2	1	5	—
57	—	—	1	1
58	1	—	2	—
59	2	—	8	—
60	1	1	4	1
61	4	1	5	3
62	2	—	5	—
63	—	1	4	1
64	1	—	6	2
65	1	—	7	2
66	2	1	3	1
67	3	—	8	2
68	1	—	4	2
69	2	—	4	9
70	4	—	5	4
71	3	1	3	7
72	2	—	8	8
73	1	—	3	1
74	1	—	6	7
75 and over	17	9	52	92
	<hr/> 54	<hr/> 15	<hr/> 154	<hr/> 143

# Age Mortality

					Males	Females	Total
Under 1	..	..	..	..	6	2	8
1-5	..	..	..	..	3	—	3
5-15	..	..	..	..	1	—	1
15-25	..	..	..	..	2	2	4
25-45	..	..	..	..	8	7	15
45-65	..	..	..	..	110	75	185
65-75	..	..	..	..	181	168	349
75 and over	..	..	..	..	238	462	700
					549	716	1,265

# Deaths from Cancer

	Year	Population	Age Groups					Total Deaths	Death Rate per 1,000 Population	
			0-1	1-5	5-15	15-45	45-65			65 and over
Ten Years	1950	58,050	—	—	—	9	54	100	163	2.80
	1951	57,510	1	—	1	4	46	77	128	2.22
	1952	57,200	—	—	—	4	46	94	144	2.51
	1953	57,190	—	—	—	8	55	5	148	2.61
	1954	57,600	—	—	—	4	33	96	133	2.30
	1955	57,830	—	1	—	3	51	113	168	2.91
	1956	57,850	—	—	—	5	46	103	154	2.66
	1957	57,800	—	—	—	3	58	124	185	3.20
	1958	57,680	—	—	—	9	40	121	170	2.95
	1959	57,800	—	1	1	5	84	91	181	3.13
Total		—	1	2	2	54	513	1,004	1,574	—
	1960	57,940	—	—	—	4	53	120	177	3.05
	1961	59,830	—	—	1	10	59	135	205	3.43
	1962	61,250	—	—	—	7	74	125	206	3.36
	1963	62,010	—	1	1	5	58	134	199	3.21
	1964	63,530	—	—	1	6	70	146	223	3.51
	1965	64,620	—	—	1	3	61	153	218	3.37
	1966	65,630	—	1	1	4	56	168	230	3.51
	1967	66,800	—	—	1	5	63	154	223	3.33
	1968	68,200	—	—	1	6	60	187	254	3.72
	1969	69,290	—	—	—	3	60	206	269	3.88

# Analysis of Suicides (Eastbourne Residents) in Age Groups for years 1954 to 1969

	Age Groups														Totals		
	15-25		25-35		35-45		45-55		55-65		65-75		75 and over		M	F	Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
1954	-	-	1	-	-	-	4	-	-	-	1	2	1	1	7	3	10
1955	-	-	-	2	-	-	-	3	-	-	-	1	-	1	-	7	7
1956	-	-	-	-	-	-	1	2	-	1	-	3	1	-	2	6	8
1957	-	-	-	2	1	-	2	2	1	2	1	3	1	-	6	9	15
1958	-	-	-	-	-	-	-	-	1	2	1	-	-	-	2	2	4
1959	-	-	-	1	-	-	1	2	-	-	-	4	1	-	2	8	10
1960	-	-	-	1	1	-	3	4	1	2	-	-	-	-	5	7	12
1961	1	-	2	2	-	-	4	1	-	-	-	1	1	1	8	5	13
1962	-	-	-	1	-	-	1	6	-	-	-	1	-	2	1	10	11
1963	1	1	-	-	-	-	-	1	1	2	-	1	1	-	3	5	8
1964	-	-	-	-	-	1	-	2	-	4	-	2	-	-	-	9	9
1965	1	-	-	1	-	2	2	-	2	1	1	4	1	1	7	9	16
1966	-	-	2	-	1	1	4	1	2	2	1	1	1	4	11	10	21
1967	-	-	-	-	3	-	-	1	3	2	1	2	-	1	7	6	13
1968	1	-	-	-	1	-	1	1	-	2	-	-	-	1	3	6	9
1969	-	-	-	-	1	-	1	2	2	1	1	2	-	-	5	5	10
Totals	4	1	5	11	8	4	24	28	13	21	7	30	8	12	69	107	176

## REGISTRATION AND NOTIFICATION OF BIRTHS

*Live Births Registered from 1950 to 1969 (from Registrar General's Returns) and Rate per 1,000 Population (corrected)*

Number				Rate	Number				Rate
1950	..	..	701	13.5	1960	..	..	634	12.5
1951	..	..	644	11.5	1961	..	..	663	12.6
1952	..	..	635	11.9	1962	..	..	694	12.9
1953	..	..	617	11.7	1963	..	..	760	15.6
1954	..	..	612	12.1	1964	..	..	699	14.1
1955	..	..	553	10.9	1965	..	..	677	13.4
1956	..	..	563	11.1	1966	..	..	738	14.3
1957	..	..	602	11.9	1967	..	..	732	14.1
1958	..	..	603	11.9	1968	..	..	659	12.4
1959	..	..	579	11.4	1969	..	..	644	12.0

### *Illegitimate Live Births Rate,\* 1958-1969*

1958	..	..	6.6	1964	..	..	8.7
1959	..	..	6.4	1965	..	..	10.3
1960	..	..	9.0	1966	..	..	11.8
1961	..	..	8.6	1967	..	..	11.2
1962	..	..	8.6	1968	..	..	10.7
1963	..	..	7.7	1969	..	..	9.0

\* Percentage of total births.

## Notification of Births

1,284 live births and 18 still births took place in the Borough and were notified to the Local Authority. 638 live births and 9 still births were to mothers resident in Eastbourne, and 646 live births and 9 still births were to mothers resident outside the Borough.

In addition there were 8 transfers of live births relating to Eastbourne mothers confined elsewhere. (NOTE: *The total of Registered Births is not necessarily identical with the total of Notified Births.*)

## Analysis of Notified Births

	Resident		Non-Resident		Total		Total
	Live Births	Still Births	Live Births	Still Births	Live Births	Still Births	All Births
DOMICILIARY							
Local Authority							
Midwives	17	—	—	—	17	—	17
Inward Transfers	—	—	—	—	—	—	—
	17	—	—	—	17	—	17
INSTITUTIONAL							
Maternity Home	296	4	169	—	465	4	469
St.Mary's Hospital	325	5	477	9	802	14	816
Inward Transfers	8	—	—	—	8	—	8
Total Institutional	629	9	646	9	1,275	18	1,293
Total, All Births, 1969	646	9	646	9	1,292	18	1,310
Notified Births, 1968	648	5	655	5	1,303	10	1,313

## GENERAL INFORMATION

### Situation and Climate

Latitude 50° 46' N.: Longitude 0° 17' E.

Eastbourne occupies a favoured situation on and at the foot of the eastern slope of the South Downs, facing the English Channel, with protection from prevailing westerly winds. Sunshine records are consistently among the highest recorded on the mainland. This is partly due to the peninsular position of the Borough.

### Elevation

The highest point is about 640 ft. above sea level on the Downs, sloping from the west to a minimum of 6.58 ft. above highest mean sea level in the east of the Borough.

## Area

The area of the Borough is 11,356 acres, including foreshore (332 acres) and inland water (19 acres). This acreage includes downland which is preserved from building development.

## Financial

NUMBER OF SEPARATE ASSESSMENTS: 31,629.

RATEABLE VALUE at 1st April, 1970: £3,979,935.

RATES: Domestic, 12s. 2d. Mixed hereditaments, 13s. Business and Commercial, 13s. 10d.

PRODUCT OF 1D. RATE: £16,250.

## Meteorology—77 years' average:

*Temperatures:* Max. 55·8° F.; Min. 45·5° F.; Mean 50·7° F.;  
Sea 52° F.

*Sunshine:* Total 1811·1 hours; Daily 4·96 hours.

*Rainfall:* Total 31·65 inches; Days 163.

## Visitors to Eastbourne

The natural physical environment of the town accompanied by pleasant climatic conditions and fostered by the Corporation's efforts to provide supportive amenities, attracts holidaymakers in their thousands. Many of these see Eastbourne as an ideal place of retirement but unfortunately the growing proportion of elderly in the population is outstripping the provision of hospital, nursing home and community care facilities.

During the holiday period many extra demands are made on most services which are met within the resources of the department.

# SECTION B

## NATIONAL HEALTH SERVICE ACT

### Ante-natal, Mothercraft and Relaxation Classes

This service continued as described in my report for 1965. See also under Health Education and Midwifery Sections, pages 31 and 29.

### Sessions and Attendances

	<i>Average number of sessions per month</i>	<i>Number of women who attended</i>	<i>Number of new cases</i>	<i>Attendances</i>
Health Education (Health Visitors) Relaxation Sessions (Midwives)	16	375	6	1,884

## Infantile and Child Mortality

<i>Age</i>	<i>Sex</i>	<i>Cause of Death</i>
26 hours	M	1 (a) Congenital heart disease.
26 hours	M	1 (a) Anencephaly.
2 days	M	1 (a) Intra cranial haemorrhage.
19 days	M	1 (a) Asphyxia. (b) Inhalation of vomit.
		2 Pyelonephritis.
6 weeks	M	1 (a) Hydrocephaly. (b) Pierre Robin Syndrome.
13 weeks	M	1 (a) Acute tracheo bronchitis.
2 months	F	1 (a) Cerebral haemorrhage. (b) Trauma.
4 months	F	1 (a) Asphyxia. (b) Aspiration of stomach contents.
4 months	M	1 (a) Bronchopneumonia. (b) Down's syndrome.
18 months	M	1 (a) Bronchopneumonia.
4 years	M	1 (a) Multiple injuries.
10 years	M	1 (a) Traumatic brain haemorrhage.

## Maternal and Infantile Mortality, 1894-1969

<i>Years</i>	<i>Infant Deaths</i>	<i>Infantile Mortality Rate</i>	<i>Maternal Deaths</i>	<i>Maternal Mortality Rate</i>
1894-1903 Average ..	108.5	118.2	3.6	4.6
1904-1913 Average ..	79.3	96.6	2.6	2.9
1914-1923 Average ..	52.3	68.8	1.5	1.9
1924-1933 Average ..	30.0	45.7	1.5	2.2
1934-1943 Average ..	23.6	42.4	2.1	3.7
1944-1953 Average ..	17.4	23.4	1	1.3
1954-1963 Average ..	12.3	19.64	0.3	0.47
1964 .. ..	10	14.31	—	—
1965 .. ..	13	19.20	—	—
1966 .. ..	10	13.55	—	—
1967 .. ..	11	15.02	1	1.3
1968 .. ..	13	19.72	—	—
1969 .. ..	8	12.42	1	1.5

**Prematurity** (*i.e.* babies weighing 5½ lb. or less at birth irrespective of period of gestation)

Equipment is provided by the department for the care of premature infants born at home and very satisfactory provision is available in the hospitals. The ambulance fleet has been adapted to utilise a portable incubator held at a local hospital in the event of an emergency requiring the removal of a newly-born infant to hospital.

(a) NUMBER OF PREMATURE LIVE BIRTHS NOTIFIED

<i>Place of Birth</i>	<i>Resident</i>	<i>Non-resident</i>	<i>Total</i>
Own home .. ..	—	—	—
Maternity Home ..	8	3	11
Hospital (St. Mary's) ..	32	36	68
Hospital (elsewhere) ..	—	—	—
	—	—	—
	40	39	79
	—	—	—

(b) DEATHS OF PREMATURE INFANTS WITHIN 28 DAYS

	<i>Resident</i>	<i>Non-resident</i>	<i>Total</i>
(i) Died within first 24 hours:			
St. Mary's Hospital	—	1	1
Maternity Home ..	—	—	—
Own Home ..	—	—	—
	—	—	—
	—	1	1
	—	—	—
(ii) Died within 1–28 days:			
St. Mary's Hospital	1	1	2
Maternity Home	—	—	—
Own Home ..	—	—	—
	—	—	—
	1	1	2
	—	—	—

**Congenital Malformations**

The number of congenital malformations noticed at birth and notified in accordance with Ministry of Health Circulars 13/63 during the year 1969 was 18 (occurring in 14 children).

These malformations were classified as follows:

Central nervous system .. ..	..	..	..	7
Eye and ear .. ..	..	..	..	2
Alimentary system .. ..	..	..	..	2
Heart and circulatory system ..	..	..	..	—
Respiratory system .. ..	..	..	..	—
Uro-genital system .. ..	..	..	..	—
Limbs .. ..	..	..	..	2
Other parts of musculo-skeletal system ..	..	..	..	1
Other systems .. ..	..	..	..	4
Other malformations .. ..	..	..	..	—

Of the infants with major defects of the central nervous system four were still born, one died within the first week of life and one age 6 weeks.

## Unmarried Mothers

Under the Authority's scheme for the welfare of unmarried mothers and their children, use was made of the services of the welfare workers and the Homes provided by the Chichester Diocesan Association for Family Social Work. I am indebted to Sister Jackman for the following report on her work in 1969.

The 56 new cases dealt with this year are made up as follows:

Illegitimate pregnancies	..	..	..	33
Applications to adopt	..	..	..	10
Help and advice	..	..	..	13

There has been a marked decrease in numbers this year.

Ages of mothers ranged from 16 to 35, by far the greater majority being in the 19 to 24 age group. Of the 33 illegitimate pregnancies, 13 girls have kept their babies, 7 were offered for adoption, one baby is with foster parents, another has gone to live with the putative father's relatives, one miscarriage and one abortion were recorded; 8 babies are not yet born and we have lost contact with one client.

Eight girls came to Eastbourne from other areas. Many more girls are keeping their babies and the problem of finding accommodation gets more difficult and also many of these girls are immature and need help and guidance in the bringing up of their children. Help and advice has been given to girls trying hard to keep their babies under adverse conditions and we are most grateful to Dr. Barnado's and the Buttle Trust who so generously give grants to help in these cases.

Eight putative fathers have been contacted, five were interviewed and accepted responsibility, helping as they were able, but we generally find these men very elusive and not willing to admit paternity or help financially.

The illegitimate child is very much a family problem and concerns, not only the unmarried mother but an unmarried father and the grandparents and often decisions have to be made which affects the lives of all concerned.

## Child Welfare Clinics

These were held at the following times:

*Avenue House*—Monday, morning and afternoon, and Friday afternoon.

*Acacia Villa, Seaside*—Tuesday, morning and afternoon.

*Birling Street*—Wednesday, morning and afternoon.

*Langney Village Community Centre*—Thursday afternoon.

*Hampden Park Hall*—Wednesday and Friday afternoons.

## CLINIC ATTENDANCES, 1969

<i>Clinic</i>	<i>Number of Children attending Clinics Born in:</i>				<i>Total Attendances</i>
	<i>1969</i>	<i>1968</i>	<i>1964-67</i>	<i>Total</i>	
Avenue House ..	156	182	319	657	4,089
Birling Street ..	115	154	269	538	3,183
Acacia Villa ..	130	125	344	599	4,052
Langney ..	61	69	189	319	2,108
Hampden Park ..	116	145	484	745	4,682
TOTAL .. ..	578	675	1,605	2,858	18,114

## PREVIOUS YEAR'S ATTENDANCES

			<i>Number of children who attended</i>	<i>Number of attendances</i>
1965 .. ..	..	..	2,709	18,107
1966 .. ..	..	..	2,839	18,554
1967 .. ..	..	..	2,900	20,127
1968 .. ..	..	..	3,047	19,545

## Welfare Foods and Other Nutrients

Arrangements for distribution have continued to run smoothly with the main centre for distribution being the Local Authority's central welfare clinic at Avenue House. The four outlying welfare centres continued as subsidiary distribution centres during the normal clinic sessions, and in addition weekday distribution was made in the mornings and afternoons at the W.R.V.S. Centre in Hyde Road.

Under the Authority's arrangements for the care of mothers and young children a wide variety of dried milk foods, cereals and other nutrients is made available for resale on the recommendation of the Medical Officer or Health Visitor in attendance at the child welfare sessions.

## REPORT OF CHIEF DENTAL OFFICER

Fifty-seven sessions were devoted to the inspection and treatment of expectant and nursing mothers, and to children under the age of five. Thirty-nine expectant and nursing mothers were seen at Avenue House Clinic and made 53 attendances. Of these 25 were found to require treatment and were all treated. Three fillings were inserted and 22 teeth were extracted. Scaling and gum treatment were carried out on six patients and one partial denture was constructed. Five patients were also referred for radiological examination, this being carried out at the clinic with the department's own X-ray apparatus.

Of the 196 children under school age inspected, 86 were found to require treatment, and were all treated and made 113 attendances. 152 deciduous teeth were extracted and six deciduous teeth were filled. In addition seven deciduous teeth were conserved by the application of silver nitrate, and seven children were referred for X-rays. All extractions were carried out under general anaesthesia which was administered on 90 occasions.

## Summary of Treatment

### (a) NUMBER PROVIDED WITH DENTAL CARE

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>
Expectant and nursing mothers	39	25	25
Children under five ..	196	86	86

### (b) FORMS OF DENTAL TREATMENT PROVIDED

	<i>Scaling and Gum Treatment</i>	<i>Fillings</i>	<i>Silver Nitrate</i>	<i>Crowns or Inlays</i>	<i>Extractions</i>	<i>General Anaesthetics</i>	<i>Dentures</i>		<i>X-rays</i>
							<i>Full</i>	<i>Part</i>	
Expectant and Nursing Mothers	6	3	—	—	22	3	—	1	5
Children under five	—	6	7	—	152	90	—	—	7

The role of preventive dentistry is now recognised as playing an ever increasing part in all dental work, but to the young pre-school age group in particular it is of paramount importance. As a means of diminishing the amount of treatment required before the permanent dentition erupts, prevention of decay by fluoridation has been introduced in the form of fluoride drops, which are available to pregnant and nursing mothers and children up to the age of 8 years through a voluntary agency.

## PRINCES PARK DAY NURSERY

(60 PLACES)

The establishment, excluding domestic staff consists of matron, deputy matron, 3 trained nursery nurses and 5 nursery assistants.

The total attendances were 15,939, an average attendance of 52.08 for the 306 days on which the nursery was open. There is a substantial waiting list for nursery places, priority being accorded to cases of social need.

## Attendances each Month during 1969

	Children aged			Total attendances	*Average daily attendances	No. of days open
	0-1½	1½-3	3-5			
January ..	109	510	803	1,422	52.66	27
February ..	84	455	702	1,241	51.70	24
March ..	96	459	777	1,332	51.23	26
April ..	84	403	671	1,158	48.25	24
May ..	147	450	805	1,402	53.92	26
June ..	106	469	817	1,392	55.68	25
July ..	127	461	833	1,421	52.63	27
August ..	122	473	710	1,305	50.19	26
September	121	458	714	1,293	51.72	25
October ..	99	507	886	1,492	55.25	27
November	101	461	798	1,360	54.40	25
December	62	385	674	1,121	46.70	24
TOTALS ..	1,258	5,491	9,190	15,939	52.08	306

\*The Nursery is open all day on Saturdays with a much reduced number of children in attendance. The average daily attendance of children on Mondays to Fridays inclusive is 58.3.

## MIDWIFERY SERVICE

The decreasing number of domiciliary deliveries has been offset to some extent by the increasing demand for nursing of early discharges from the Hospital and Maternity Home and the well-attended Antenatal Parentcraft and Relaxation Classes held on Wednesdays at Acacia Villa and Thursdays at Avenue House, as well as the Relaxation Class held weekly at the Bell Hostel.

Co-operation between the Hospital and Local Authority Midwives is excellent and both services work well together and discuss difficulties that arise from time to time as regard various patients and their problems.

Miss F. M. Scammell, Domiciliary Midwife, retired on 19th December, after 23 years of loyal and valuable service to the community, she will be greatly missed by the many "Mums" she has delivered and her colleagues who wish her a long and happy retirement.

Details of the work of the domiciliary midwives during the year are as follows:

### CONFINEMENTS

(a) Doctor booked ..	Doctor present ..	6
	Doctor not present ..	8
(b) Doctor not booked ..	Doctor present ..	—
	Doctor not present ..	3
(c) Miscarriages ..	.. .. .	—

## VISITS BY MIDWIVES

Ante-natal visits	..	..	..	..	486
Visits during labour	..	..	..	..	62
Visits during puerperium	..	..	..	..	355
Post-natal visits (domiciliary cases)	..	..	..	..	42
Visits to 270 cases discharged from hospital before the tenth day	..	..	..	..	1,005
					<hr/> 1,950 <hr/>

## HEALTH VISITORS

Following the resignation of Mrs. S. M. James, Superintendent Health Visitor, on her marriage, Mrs. D. I. Dale was promoted to Superintendent and Miss E. E. Griffin became Senior Health Visitor. Miss J. K. Mitchener, a former student health visitor, qualified in September and joined the staff following the retirement of Miss J. C. M. Berk after 20 years' service with this Authority. A more recent recruit, Mrs. S. M. Tennant, resigned for "family" reasons.

During the year one health visitor attended a special course for Field Work Instructors and in September commenced this important work with Health Visitor Students from training colleges.

A new appointment, that of Inspector of Playgroups, Nurseries and Daily-Minders, became necessary under the amended Nurseries and Child Minders' Regulation Act 1948. A senior health visitor was redesignated to this position.

On 1st September, all the health visitors became attached to specific group practices. Three health visitors are fully attached at the present time and this will expand in due course.

Health Education in schools and many other groups of people continued to absorb much of the health visitors' time.

The appointment of a school nurse was greatly appreciated. She has become invaluable and her appointment has allowed the health visitors to concentrate more fully on their own specified skills.

The health visitor's work is summarised in the following figures:

## HOME VISITS

### Care of mothers and young children—

Children born in 1969	..	..	..	3,001
Children born in 1968	..	..	..	2,678
Children born in 1964/67	..	..	..	4,885
Expectant mothers	..	..	..	799
Care and after-care (including aged and handicapped persons)	..	..	..	238

## OTHER VISITS

To other agencies (voluntary organisations, etc.)	..	487
To day nurseries	.. .. .	47
To hospitals	.. .. .	196
Miscellaneous	.. .. .	627

## CLINIC ATTENDANCES

Child Welfare	.. .. .	872
Health Education	.. .. .	366
Pre-school Medical Examinations and Vaccination and Immunisation sessions	.. .. .	197

*Comments on these figures.* All the visits shown are effective visits. The reduction in care and after-care visits and other agencies is due to this work being carried out by geriatric health visitors and social workers deployed in the Welfare Services Group and shown under that Section of the Report.

## HEALTH EDUCATION AND HOME SAFETY

### ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

Expectant mothers continued attending the Mothercraft and Relaxation Classes at Avenue House and Acacia Villa Clinics.

A total of 393 expectant mothers attended classes as follows:

268 attended the Avenue House sessions.

73 attended the Acacia Villa sessions.

52 (unmarried) attended the Bell Hostel Relaxation classes.

Approximately 25 per cent. of the expectant mothers who attended the Mothercraft/Relaxation sessions came into Eastbourne from out-lying districts. The Maternity Staff at St. Mary's Hospital frequently remark that they recognise the mothers who have attended the Mothercraft Sessions by their attitude, approach and co-operation during their stay in hospital.

*Parentcraft Classes* for expectant mothers and fathers were held as usual on the first Wednesday evening of each month.

*The Mother's Club* (now re-named the "Ladies Club") was held on alternate Thursday evenings. The programme included a number of talks on Health subjects. A talk given by Mrs. Harford Rees on the care of mentally handicapped children was illustrated by the use of slides showing activities at the Hazel Court School and the film *Marlborough House*.

### RETIRED CITIZENS

A new luncheon club for retired citizens has been launched by the Geriatric Health Visitors at St. Elisabeth's Church Hall with an average weekly attendance of 40. The St. Michael's luncheon club has a good membership and the Avenue House Club is still going strong. The

Geriatric Health Visitors visit these clubs and advise regarding matters concerning health, etc.

### FOOD HYGIENE

The Public Health Inspectors continued to give illustrated talks to persons concerned with food handling.

### CANCER EDUCATION

Advice was given by a health visitor to women attending the Cervical Cytology sessions held at Avenue House. The subject of cancer was included in the Health Education Talks given to children in schools. An anti-smoking campaign was held during the month of June (details follow in my report).

### HEALTH TALKS

Health talks were given by members of the Health Visiting Staff to various clubs and societies.

Mothercraft, First Aid and Home Nursing talks were given by the Superintendent Health Visitor to girls interested in the Duke of Edinburgh's award scheme, to the British Red Cross Cadets and also to Senior Citizens and Student Nurses.

### HEALTH EDUCATION IN SCHOOLS

"Healthy Living", "Growing Up", "Drugs, Alcohol and Smoking" and "Personal Relationships" were subjects included in the Health Education in Schools programme.

Talks were given by the Deputy Medical Officer and Health Visitors at Ratton Secondary Modern School, Cavendish Secondary Modern School, Hampden Park Secondary Modern School, and Bishop Bell C.E. School. Weekly health talks were also given at Lindfield School.

### HEALTH EDUCATION AND HOME SAFETY EXHIBITIONS

The five main displays designed, prepared and mounted during 1969 by the Health Education Officer and staff of the Health Education Section were:

1. "Healthy eating versus obesity" (April—2 days)
2. "Smoking and Health" (June—5 days)
3. "Foot Health and shoe fitting" (August—2 days)
4. "Mental Health" (September—5 days)
5. "Keep Fire in its Place" (November—2 days)

The Spring display which covered floor space 24 ft. by 12 ft., entitled "Slim and Trim for Spring", featured health hazards associated with overweight and the advantages of a healthy diet.

To add interest, old prints of obese persons were mounted and displayed, for example Daniel Lambert who died at the age of 40 years weighing 52st. 11 lb.—to be really fat was to be famous!

7 lb. and 14 lb. weights were also on display and members of the public when invited to lift these were made aware of the unnecessary burden being carried around by overweight persons.

Nutrition is a popular health subject and many visitors to the display asked questions and took the available free literature.

As part of our Anti-Smoking Campaign held during the month of June, a display was mounted (by kind permission of the Borough Treasurer) in the foyer of his department. The display illustrated the advantages gained by not smoking or giving it up. The Health hazards associated with air pollution and the advantages of clean air were also shown.

Fire hazards caused by smoking materials and food poisoning due to the thoughtlessness of cigarette-smoking food handlers were also depicted.

To support *Mental Health Week*, held in September, an exhibition was mounted, depicting Mental Health, Mental breakdown and Mental Handicap. Display items included examples of work, photographs of children's activities and one of the "Language Master" machines from Hazel Court School.

Items of hand-craft and samples of work done for the Armour Laboratories by the trainees at Salehurst Road Adult Centre were on display—also information regarding the voluntary work done by the Eastbourne and District Society for Mentally Handicapped Children.

The fifth and final Exhibition in 1969 was held at the two-day Autumn Flower Show at the Winter Garden.

The theme was the Prevention of Burning Accidents in the home, caused by unguarded fires, faulty oil heaters, unsafe materials, etc.

#### HEALTH EDUCATION CAMPAIGNS

Smoking and Health was the main campaign held during the month of June. The campaign included the exhibition held in the foyer of the Borough Treasurer's Department for one week.

A poster designed by the Health Education Officer was printed and displayed on all local buses. An anti-smoking colour transparency was also made for showing at the Congress Theatre. The manager of the Classic Cinema kindly consented to show the 35 mm. film, *Dying for a Smoke*, during the minors' programme.

The Secondary Modern Schools were asked to take part in the National Society of Non-Smokers' Poster Competition (open to scholars 13–16 years of age). I am very pleased to report that first prize winner of this National Poster Competition was a scholar at the Bishop Bell Secondary Modern School. Anti-smoking displays were mounted in all health clinics and posters distributed to all available poster sites and other agencies.

#### MENTAL HEALTH WEEK

Held during September included an exhibition in the Borough Treasurer's Department. Open days at Salehurst Road and Hazel

Court School were arranged by the Supervisors. The film *With Love and Tears* to which members of the public were invited was shown at the Town Hall. A special supplement concerning the community care and aid for the Mentally Handicapped appeared in the *Eastbourne Gazette*.

#### SHOP WINDOW DISPLAYS

Through the kind co-operation of the Manager, the windows of the Portman Building Society in Terminus Road were made available for the use by the Health Education Section. Commencing in June 1969 the displays arranged included "Nutrition versus obesity", "Water Safety", "Food Hygiene" and "Mental Health".

The Box Office window Hippodrome Theatre, by kind permission of the Entertainments Manager. Displays were mounted at monthly intervals—January to April and October to December.

*Water Safety* displays were arranged and mounted in the SEGAS and SEEBOARD windows during July and August.

#### DISPLAYS IN HEALTH CLINICS

The Health and Safety displays in Health Clinics which are renewed every four to five weeks complement the displays in shop windows and at exhibitions whenever possible.

*Nine permanent display areas* are available. Five at Avenue House and one at each of the other four Health Clinics.

#### DENTAL HEALTH

*Fluoride* became available in December in special drop bottles for expectant mothers and children up to the age of eight years. Two designs for 20 in. by 30 in. posters were drawn and six of each were produced for display in all our Health Clinics.

*Visitors to the Health Education Section* included Mr. W. G. Everett from the Department of Education and Science, a group of thirteen French students, health visitor students, student nurses, student teachers, school children and parents.

Various items of visual aids were loaned to teachers and others concerned with Health and Safety subjects.

### DISTRICT NURSING SERVICE

The Superintendent reports:

The year 1969 has been one of increasing pressure and changes in the work and in the District Nursing Staff. Once again there was an increase of patients and visits as the table below indicates. Many of our elderly patients have deteriorated owing to advancing years and require more attention. This accounts for the approximate 2.5 per cent. increase of home visits—a lower rate of increase than previous years but

more patients are being treated by the nurses in General Practitioners' surgeries.

Attachment of a District Nursing Sister to the main group practices in the town since April 1969 has increased the numbers of patient treatments from 1,601 to 5,221 thus enabling General Practitioners to give more time to the individual patient. Another advantage is to the patient in many cases giving him/her the incentive to go out, when otherwise the effort would be too much.

<i>Categories of Patients</i>			<i>Home Visits</i>		
	<i>1969</i>	<i>1968</i>		<i>1969</i>	<i>1968</i>
Medical .. ..	1,834	1,817	Medical ..	63,742	60,000
Surgical .. ..	285	305	Surgical ..	7,921	9,154
Others .. ..	234	172	Others ..	466	587
Maternal			Maternal		
Complications	7	21	Complications	42	105
Infectious			Infectious		
Diseases ..	2	—	Diseases ..	30	—
			Casual	1,249	971
	2,362	2,315		73,450	70,817
Patients in all categories over 65 years . . .	1,788	1,669			

Session at General Practitioners' Surgeries . . 1,118

Treatments at , , , . . 5,221

Visits to patients on Hospital Geriatric  
Waiting List . . . . . 995

Patients were removed from the records on cessation of nursing attendances as follows:

Convalescent .. .. . 448

To hospital .. .. . 326

Deaths .. .. . 157

Other causes .. .. . 762

1,693

## MEETINGS

A valuable exploratory Meeting was held in May with the East Sussex Nursing Officers to consider the advisability of allowing Staffs of both authorities to reciprocate over visits across the county boundary. Owing to the very recent attachment to G.P.s in both authorities, any

concrete proposals were left for a further meeting in the New Year. It is not envisaged that the number of patients involved would be very great.

Following the change in the Nursing Syllabus for S.E.N.s and S.R.N.s a meeting was arranged with Miss Davies, Matron of the Eastbourne Hospitals and the Principal Tutor to discuss possibilities of Integrated Training for General and District Nursing for the Pupil S.E.N. This would allow the Enrolled Pupil Nurse to be able to work either on the District or in Hospital on completion of training. Final acceptance of this Syllabus from the General Nursing Council and the Queen's Institute of District Nursing is expected early in the New Year.

#### DISTRICT TRAINING AND COURSES—IN-SERVICE TRAINING

Two S.E.N.s completed successfully their District Training in March, taking lectures at the Brighton Training Home, tutorials and practical training in Eastbourne and receiving their Certificates of Assessment for District Training from the Queen's Institute of District Nursing.

Two part-time S.R.N.s successfully completed their National District Training and received the Certificates in December, 1969.

#### TRANSPORT

Local Authority vans and cars have remained the same. There has been increased expenditure in Car Allowances as there are less Staff using bicycles and scooters. This has made it possible to cover more work with the same establishment.

#### EQUIPMENT

Disposable Syringes and pre-Sterilized Dressings are extensively used. "Hotel" packs have been found to be most helpful in hotels, bed-sitting rooms and any house where facilities for boiling are limited.

The nurses have been allocated blood and urine testing equipment and tests are taken routinely in all new patients.

Additional pieces of equipment have been bought, *e.g.* an extractor fan for any patients with foul smelling dressings; the arthritic seat for the partially disabled to help with more freedom of movement.

Incontinence pads are used in increasing numbers and have helped with the laundry situation in the home.

#### APPRECIATION

Finally I would like to record my thanks to the St. John Ambulance Brigade for their continuing co-operation and help. The clerical and nursing staff for all their help and hard work during the year and especially Mr. Newman, my Deputy, for his willing co-operation in carrying through the various new projects.

# CO-OPERATION BY LOCAL AUTHORITY NURSING STAFF AND SOCIAL WORKERS WITH GENERAL PRACTITIONERS

<i>Practice No.</i>	<i>District Nurse S.R.N. S.E.N.</i>		<i>Health Visitors</i>	<i>Social Workers and Geriatric H.V.s</i>
1	1	1	*1	*1
2	1	—	*1	*1
3	1	1	*1	*1
4	1	1	*1	*1
5	1	—	*1	*1
	1 p/t.			
6	1	1	1	*1
7	1	1 p/t.	1	*1
8	1	—	1	*1
9	1	1	*1	*1
	1 p/t.	—		
10	1		*1	*1
	2 p/t.	—		
No. of Staff	14	6	10	4

\*Liaison only, otherwise full attachment operates.

## VACCINATION AND IMMUNISATION DURING 1969

### A—Smallpox Vaccination

		<i>Primary Vaccination</i>		<i>Re-vaccination</i>	
		<i>By Staff of Health Department</i>	<i>By General Practitioners</i>	<i>By Staff of Health Department</i>	<i>By General Practitioners</i>
Under 1 year	..	—	9	—	—
1-2 years	..	130	166	—	—
2-5 years	..	23	91	—	9
5-15 years	..	1	24	2	105
		154	290	2	114
		444		116	
		560			

## B—Diphtheria Immunisation

The age groups and numbers immunised were:

<i>Year of birth</i>	<i>By Medical Staff of the Department</i>	<i>By General Medical Practitioners</i>	<i>Total</i>
1969	1	16	17
1966–1968	247	249	496
1962–1965	10	8	18
1961–15 years	3	—	3
	<hr/> 261	<hr/> 273	<hr/> 534

### REINFORCING DOSES

The age groups and numbers were:

<i>Year of birth</i>	<i>By medical staff of the Department</i>	<i>By General Medical Practitioners</i>	<i>Total</i>
1966–1968	2	77	79
1962–1965	451	169	620
1961–15 years	13	36	49
	<hr/> 466	<hr/> 282	<hr/> 748

There have been no notified cases of diphtheria in Eastbourne during the past nineteen years and no deaths since 1946.

## C—Whooping Cough Immunisation

<i>Year of birth</i>	<i>By Medical Staff of the Department</i>		<i>By General Practitioners</i>		<i>Totals</i>	
	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>
1969	1	—	16	1	17	1
1966–1968	246	2	249	78	495	80
1962–1965	8	387	8	131	16	518
1961–15 years	1	3	—	14	1	17
Totals	256	392	273	224	529	616

Cases of whooping cough notified during the last six years are as follows:

<i>Year</i>	<i>Cases notified</i>			
1964	..	..	..	20
1965	..	..	..	2
1966	..	..	..	8
1967	..	..	..	1
1968	..	..	..	3
1969	..	..	..	1

## D—Tetanus Immunisation

<i>Year of birth</i>	<i>By Medical Staff of the Department</i>		<i>By General Practitioners</i>		<i>Totals</i>	
	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>
1969	1	—	16	—	17	—
1966–1968	247	2	249	78	496	80
1962–1965	11	451	10	177	21	628
1961–15 years	13	326	74	123	87	449
Totals	272	779	349	378	621	1,157

## E—Vaccination against Poliomyelitis

<i>Year of birth</i>		<i>By Health Department</i>	<i>By General Practitioners completed courses</i>
1961–15 years	..	34	11
1962–1965	..	31	8
1966	..	5	4
1967	..	34	64
1968	..	209	177
1969	..	1	11
Totals	..	314	275

In addition, 751 booster doses were given to children at pre-school checks and in the Local Authority Schools, and 269 booster doses were given to children by medical practitioners.

## F—Vaccination against Measles

<i>Year of birth</i>		<i>By Health Department</i>	<i>By General Practitioners</i>
1961–15 years	..	4	8
1962–1965	..	56	29
1966	..	66	26
1967	..	113	71
1968	..	117	47
1969	..	—	3
Totals	..	356	184

Cases of measles notified in the last five years are as follows:

<i>Year</i>	<i>Cases notified</i>			
1965	..	..	..	683
1966	..	..	..	191
1967	..	..	..	626
1968	..	..	..	185
1969	..	..	..	36

## THE EASTBOURNE AMBULANCE SERVICE

The Chief Ambulance Officer reports:

The Eastbourne Division of the St. John Ambulance Brigade continues to operate the Eastbourne Ambulance Service on behalf of Eastbourne's local health authority and the seven surrounding parishes of the East Sussex County Council.

Due to constant development within our area, demands for our transport increase. We can attribute several factors to this but no doubt one of the main ones must be the ever increasing number of geriatrics within this part of the county. Shortage of hospital beds undoubtedly plays a large part in the call for our service as we are constantly transporting people into and out of hospital when the necessity for beds arises, and also when the situation demands an exchange of patient within our Hospital Group.

Last year I mentioned that we were in the process of experimenting with a "Sussex Resuscitator" on one of our "Accident" Ambulances. This has proved so successful that we have now equipped all the ambulances with such an appliance.

A new era has begun in the Ambulance Service following on from the Millar Report. By request of the Ministry, training schools have been set up for Ambulance personnel throughout the country. In keeping with Hastings, Brighton, and East and West Sussex, we have sent candidates to the Training School at Bishops Waltham (under the auspices of the Hampshire County Council). So far, results have been very satisfactory and show justification for the existence of such schools. This surely must raise the status of our Service and we hope to send more of our Driver Attendants on such courses when vacancies can be allocated.

During 1969 731 ambulance calls were dealt with between the hours of 10 p.m. and 7 a.m. by our voluntary night ambulance staff. Our grateful thanks are extended to these people for giving up their time so freely and for such a worthwhile cause. It can be noted at this point that on 7th February, 1969, under heavy snow conditions, a baby was born in one of our ambulances when two of our youngest night volunteers were on duty. The two young men in question have since received letters of commendation from the Commissioner-in-Chief of the St. John Ambulance Brigade.

In the National Association of Ambulance Officers' Competition which was held at Stanmore, Middlesex, we again entered a team which gained fourth place in the Southern Region.

**AMBULANCE SERVICE**  
**PERSONS CARRIED AND MILEAGES, 1965-1969**

Year	EASTBOURNE						EAST SUSSEX						Totals	
	Ambulance		Sitting cases		Training Centre (DPV)		Ambulance		Sitting cases		Training Centre (DPV)			
	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles
1965	8,008	40,036	16,119	55,925	13,443	16,393	1,117	9,487	4,547	24,374	2,064	4,092	45,298	150,309
1966	8,041	38,892	16,027	55,386	11,006	16,821	1,247	9,870	4,890	26,148	2,530	4,100	43,741	151,217
1967	8,207	40,801	19,287	64,226	10,500	16,604	1,095	9,561	5,170	27,005	2,852	4,400	47,111	162,597
1968	8,093	38,418	18,684	57,756	10,586	15,883	1,273	10,953	6,172	33,348	2,573	4,460	47,381	160,818
1969	9,126	42,408	18,302	63,343	10,747	15,741	1,421	11,593	5,885	29,472	2,475	4,280	47,956	166,837

The service is called upon to convey a large number of patients to and from the local railway station.

In the year under review 254 patients were transferred by rail.

# **ORIGIN OF CALLS** (EASTBOURNE AREA ONLY)

<i>Origin of Calls</i>		<i>Ambulances</i>					<i>Sitting Case Cars</i>				
		1965	1966	1967	1968	1969	1965	1966	1967	1968	1969
Emergency calls and street accidents ..	..	1,123	1,295	1,523	1,542	1,824	35	45	45	47	55
Local Hospitals ..	..	2,782	2,888	2,572	2,509	2,331	1,221	1,188	1,157	1,009	1,172
Local Convalescent Homes ..	..	—	5	1	2	—	4	9	4	—	2
General Medical Practitioners ..	..	1,247	1,189	1,279	1,495	1,726	576	532	477	436	474
Maternity Homes ..	..	95	114	224	213	180	15	10	16	9	16
Nursing Homes ..	..	93	108	100	92	100	36	12	18	6	4
Ministry of Pensions ..	..	26	48	22	31	44	233	250	292	200	311
Other Ambulance Authorities ..	..	84	70	47	38	57	148	116	77	76	68
Mental Welfare Officers ..	..	19	22	20	28	17	77	19	409	414	443
Others ..	..	200	234	186	172	188	178	197	508	159	158
Out-Patients:											
Chest Clinic ..	..	137	158	164	210	170	298	358	317	315	391
Foot Clinic ..	..	—	—	2	20	—	824	1,131	1,369	1,485	1,548
Local Hospitals ..	..	2,028	1,852	1,973	1,604	2,250	10,599	9,920	12,775	12,238	12,082
Royal Sussex County Hospital, Brighton ..	..	174	58	94	137	239	1,875	2,240	1,823	2,290	1,578
Total Calls ..	..	8,008	8,041	8,207	8,093	9,126	16,119	16,027	19,287	18,684	18,302
Mileage ..	..	40,036	38,892	40,801	38,418	42,408	55,925	55,386	64,299	57,756	63,343

## CARE AND AFTER CARE SERVICES

### A—Illness Generally

All the Services of the department including particularly Home Nursing, Domestic Help, Day Nursery and the assistance and advice of the Health Visitors and Mental Health Workers are freely available in all cases of illness.

### B—Provision of Recuperative Holidays

During the year nineteen persons were sent on recuperative holidays at a cost to the Authority of some £320. The beneficiaries fall into two main categories: those who have successfully overcome illness but need a period of rest to recuperate and those who need a break from an intolerable situation to prevent either physical or mental breakdown. The department may arrange and finance the entire holiday including travelling expenses or, alternatively, may make all arrangements but pay only for accommodation or travelling. Help is given to approved cases usually on the recommendation of the general medical practitioner.

### C—Loan Equipment

The Loan Service continues to be used to the full and an increased amount of equipment has helped to keep the waiting list for specific articles down to a minimum, this was particularly noticeable in walking aids and commodes.

Another interesting point shown in this Service is that during 1969 bedpans, sorbo and air rings continue to be the most used articles, again emphasising the increasing acuteness of the work of the Nursing Service. This aspect is also borne out by the increasing use made of incontinence pads which are such an asset in helping to keep the patient comfortable.

Although the actual demand for equipment has slightly decreased, there was an increased demand for tripod walking sticks and sorbo mattresses, also extra draw sheets have been required.

The figures below indicate the demand on the service:

<i>Year</i>	<i>Articles loaned</i>	<i>Number of Patients</i>	<i>Articles loaned free of charge</i>
1965	924	701	150
1966	1,218	752	200
1967	1,506	871	219
1968	1,548	1,006	257
1969	1,487	971	250

<i>Type of Equipment</i>	<i>Stock held 31.12.69</i>	<i>No. of times issued in 1969</i>
Air rings and Sorbo rings ..	43	154
Arthritic ejector chair ..	1	3
Back rests .. ..	20	100
Bath rails .. ..	14	23
Bath boards .. ..	6	4
Bath seats .. ..	41	71
Bed pans .. ..	29	127
Bed pans (rubber) .. ..	9	7
Bed tables .. ..	3	4
Bed sides .. ..	1 pair	—
Bedsteads .. ..	8	16
Bed lifts .. ..	3	—
Bed rails .. ..	1 pair	3
Blankets .. ..	40	2
Commodes .. ..	43	232
Deck chairs .. ..	2	1
Elbow and wooden crutches ..	23 pairs	40
Feeding cups .. ..	25	19
Fracture boards (large and small) ..	10 sets of 3	20 sets
Leg cradles .. ..	20	62
Mackintosh sheets .. ..	39	99
Mattresses (hair and flock) ..	6	7
Mattresses (Sorbo and Dunlopillo)	12	24
Pillows (Dunlopillo) .. ..	2	2
Pillows (feather) .. ..	3	4
Pillowcases .. ..	29	—
Pulley (floor standing) .. ..	3	18
Pyjamas .. ..	6 pairs	—
Sheets (cotton, single) .. ..	15	5
Sheets (cotton, draw) .. ..	13	14
Sheets (flannelette) .. ..	4	—
Sputum mugs .. ..	17	—
Toilet aid frames .. ..	18	24
Toilet (Elsan) .. ..	3	3
Toilet seats (inflatable) .. ..	4	5
Toilet seats (raised) .. ..	24	19
Towels (huckaback) .. ..	34	—
Towels (Turkish) .. ..	13	—
Tripod walking sticks .. ..	11	36
Urinals .. ..	40	129
Wheelchairs .. ..	24	90
Zimmer walking aids .. ..	62	120

There are certain items of equipment which have been given to the Department at various times. These are issued free of charge.

## NURSING AIDS, LOANS, OCCUPATIONAL THERAPY AND SUPPLY OF INCONTINENCE GARMENTS, ETC.

<i>Incontinence Pads</i>			1968	1969
Patients .. .. .	..	..	304	338
Pads .. .. .	..	..	9,204	10,494
Patients having more than 50 during year (in 1969 seven had over 200 and one had 748) ..	..	..	34	28
Purchased by patients ..	..	..	250	300
<i>Incontinence Pants</i>				
Sold .. .. .	..	..	32	53
Issued free .. .. .	..	..	2	5
<i>Geriatric Petticoats</i>				
Sold .. .. .	..	..	4	—
Issued free .. .. .	..	..	1	—
<i>Plastic Sheeting</i> .. .. .	..	..	125	204
			Plus 6 special type	
<i>Hoists</i> Loaned to .. .. .	..	..	8 patients	7 patients
<i>Bed Blocks</i> Loaned to .. .. .	..	..	19 patients	20 patients
<i>Electric Liquidiser (Cancer Relief)</i>				
Loaned to .. .. .	..	..	—	3 patients
<i>Inflatable Mattresses</i> Loaned to .. .. .	..	..	6 patients	7 patients
<i>“Cavalier” Air Extractor (Marie Curie)</i>				
Loaned to .. .. .	..	..	4 patients	3 patients
<b>Articles Sold to Patients</b>				
Toilet Aid Frame .. .. .	..	..	1	—
Bath Mats .. .. .	..	..	—	3
Bath Boards .. .. .	..	..	—	2
Bath Seats .. .. .	..	..	5	11
“Helping Hands” .. .. .	..	..	6	5
1 set of Fracture Boards .. .. .	..	..	—	1
Two floor standing Pulleys .. .. .	..	..	—	2

### Disposal of Incontinence Pads

In the majority of instances disposal is effected within the confines of the home. Where there are excessive numbers of pads for disposal or grossly soiled pads, arrangements are made by the department for their collection and disposal at the Refuse Disposal Works.

### D—Voluntary Organisations

As mentioned in my previous reports there is a high level of voluntary activity in the town which supplements the statutory functions of the Local Authority and provides services outside the scope of the Council.

The specific services rendered by the voluntary bodies are enumerated elsewhere in this report but I would like to acknowledge the services rendered by the W.R.V.S., the Order of St. John, the British Red Cross, the Guardianship Society and N.S.P.C.C., the National Association for the Parents of Mentally Handicapped Children and other local and national organisations.

## E—Family Planning Service

The Authority makes grants and payments in respect of the work of the Clinic on behalf of Eastbourne residents totalling approximately £500 per annum, and in addition supplies accommodation with ancillary services and some equipment for use in the clinics.

Clinic sessions are held on Monday afternoon (I.U.D. Clinic), Tuesday evening (Youth Advisory Clinic for young unmarried persons) and Thursday afternoon and evening.

A local authority medical officer attends the Monday I.U.D. Clinic by arrangement with the Family Planning Clinic. Again, in conjunction with the authority a domiciliary service is provided for mothers who cannot readily attend the clinic.

The Hon. Secretary reports as follows:

Three factors have made this an eventful year; our selection as an F.P.A. Teaching Clinic, the inception of the Youth Advisory Service in Eastbourne, and the Oral Contraceptive controversy at Christmas time.

*Teaching Clinic.* The F.P.A. selected us as a Teaching Clinic, and three of our medical staff—Drs. Raymond, Simpson and M. Wigfield, are now able to teach F.P.A. techniques to other doctors seeking qualifications to work in F.P.A. clinics.

*Youth Advisory Service.* This started in September on alternate Tuesday evenings and of 83 new patients some 67 were from Eastbourne, mainly from the two Colleges of Education. As you will know, since Christmas numbers attending increased to such an extent that it became necessary to hold the session every Tuesday evening.

*Clinic Sessions.* Of 455 new patients, 259 were Eastbourne residents. The number of doctor-sessions during the year were as follows:

General	..	..	182
I.U.D.	..	..	48
Youth Advisory	..		9
Marital Difficulties	..		10

During these sessions 192 cervical smears were taken but none proved positive.

*Grants.* During the year 66 patients were covered by the Eastbourne Corporations grant, of whom 44 were socially necessitous and 22 were on medical grounds.

*General Remarks.* Some difficulty was experienced just before Christmas when so much publicity was focussed on oral contraception. The switch-over to lower content Oestrogen pills caused additional

work for our medical staff and lay-workers but once patients were reassured things returned to normal.

## F—Sitter-in Service

This service, run in conjunction with the District Nursing Service, continues to fulfil an important need within the community. There are fifteen names on the Night Sitter Register but numbers vary over the year and there have been five resignations and two ladies off sick for an indefinite period.

The service is a casual one and it is impossible to forecast the need and this has meant that little notice is given to the Night Sitter before asking for her help.

The pattern of work during 1969 remains much the same, there have been fewer households receiving help but more nights given, an increase of approximately 10 per cent. which probably emphasises the need of the elderly patient becoming more feeble and unable to go to hospital during an intercurrent illness.

There were few day sitters required; the relatives and neighbours are more available during the day although they are unable to manage the nights.

We have again used the Marie Curie Night Nursing Service and although this is not greatly in demand, it fulfills a very important role in caring for patients suffering from cancer.

In-Service training was continued during the year and all who attended found it very helpful.

The following figures illustrate the demand on the Service:

			1965	1966	1967	1968	1969
Households	..	..	85	97	138	141	135
Nights	..	..	380	279	426	453	514
Days	..	..	154	39	105	50	27
Number of sitters used	..	..	25	20	15	18	15
Private nurses used	..	..	3	1	1	—	1

## G—Tuberculosis

### NOTIFICATION REGISTER

		<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total</i>	
		<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
ON REGISTER							
1st January, 1969	..	174	128	15	17	189	145
Add:							
Notifications	..	3	2	—	—	3	2
Transfers ..	..	3	3	—	—	3	3
Posthumous							
Notifications	..	—	—	—	—	—	—
Found on Death							
Return ..	..	—	—	—	—	—	—
		180	133	15	17	195	150

Less:

Deaths .. ..	4	2	—	—	4	2
Left Town .. ..	4	—	—	—	4	—
Arrested .. ..	4	7	—	—	4	7
	12	9	—	—	12	9

ON REGISTER

31st December, 1969	168	124	15	17	183	141
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#### AGE GROUPING OF NEW CASES

Age Groups	Respiratory		Non-Respiratory		Total	
	Males	Females	Males	Females	Males	Females
0-5 .. ..	—	—	—	—	—	—
5-10 .. ..	—	—	—	—	—	—
10-15 .. ..	—	—	—	—	—	—
15-25 .. ..	—	—	—	—	—	—
25-45 .. ..	—	2	—	—	—	2
45-65 .. ..	2	—	—	—	2	—
Over 65 .. ..	1	—	—	—	1	—
	3	2	—	—	3	2

The Registrar General's return of causes of death indicates that there were three deaths from tuberculosis in 1969 (2 respiratory and 1 non-respiratory).

Extra nourishment granted to persons suffering from tuberculosis:

Liquid milk—

Quantity supplied .. ..	5,601 pints
Number of cases assisted .. ..	21

#### B.C.G. VACCINATION

This work is undertaken by the school medical and nursing staff of the department for school children over 13 years and for pupils at Further Education establishments and by the Chest Physician in respect of persons who are known contacts of tuberculosis.

Number of persons vaccinated are as follows:

A—CONTACT SCHEME (carried out by the Chest Physician)

Age Groups—

Under 5 years .. ..	6
5-15 years .. ..	10
Over 15 years .. ..	3

B—SCHOOL CHILDREN SCHEME (carried out by the medical and nursing staff of this department)

(i) Number skin tested .. ..	536
(ii) Number found negative .. ..	515
(iii) Number vaccinated .. ..	515

C—STUDENTS ATTENDING FURTHER EDUCATION ESTABLISHMENTS

(i) Number skin tested .. ..	15
(ii) Number found negative .. ..	14
(iii) Number vaccinated .. ..	14

## MASS RADIOGRAPHY

The East Sussex Mass Radiography Unit under the direction of Dr. B. G. Rigden paid regular visits to Eastbourne for the prime purpose of examining patients referred by general practitioners. New staff of Local Authority Departments were asked to attend for X-ray if the scrutiny of their completed medical statement form indicated it, as were other employees medically examined for other purposes.

Reproduced below is an extract from the Annual Report for 1968 of the Mass Radiography Unit which gives an indication of the work done by the Unit within the County Borough area. 1969 figures are not yet available.

	No. of Visits	Numbers examined			Findings												Total abnormalities					
					T.B. requiring treatment or close clinic supervision						T.B. requiring occasional clinic supervision			Bronchial Carcinoma						All other abnormalities		
					Male	Female	Total	M.	F.	T.	M.	F.	T.	M.	F.	T.				M.	F.	T.
Doctors Referrals	22	321	317	638	-	2	2	2	2	-	2	4	1	5	124	106	230	130	109	239		
Other Examiners	6	2,776	3,203	5,979	2	1	3	2	4	1	5	3	1	4	149	116	265	158	119	277		
Total	28	3,097	3,520	6,617	2	3	5	2	6	1	7	7	2	9	273	222	495	288	228	516		

## H—Chiropody Service

The Local Authority operated chiropody service commenced operation in 1960. Since that time it has shown a steady growth rate which is more precisely indicated by the table printed below. The slight reduction of treatments afforded in 1969 compared with 1968 was due to a long standing vacancy for a chiropodist.

Apart from the regular sessions held at Clinics and Old People's Homes domiciliary visits were also arranged. Transport to Clinics was provided in certain cases. The elderly and handicapped are the main recipients of the service, although school children received treatment when necessary. The standard charge remained unchanged at 9s. for two feet and 6s. for one foot treated. The majority of patients are eligible for free treatment. The remainder are either assessed to pay according to their means or elect to pay the full charge.

There is of course no charge for the residents of the Authority's Homes or for school children. Of the number of cases treated, assessments were as follows:

Free	..	..	..	877
Reduced charge	..	..	..	10
Standard charge	..	..	..	415
Total at December, 1969				1,302*

\* 686 of whom were in receipt of Social Security supplement.

Year	At Authority Clinics						Schoolchildren		Old Persons Homes	Chiropodists employed
	Aged Persons									
	No. on books at 31st Dec.	Increase on previous year	New cases in year	No. of treatments given in year (incl. Dom.)	No. of Clinic sessions (excl. Dom.)	Domiciliary visits	No. treated	No. of treatments	No. of sessions	Full-time equivalent at 31st Dec.
1960	300	—	—	—	—	—	—	—	—	—
1961	400	100	150	2,293	347	100	80	173	86	1.0
1962	450	50	160	2,621	391	126	44	126	57	1.0
1963	550	100	180	2,960	458	145	32	111	78	1.2
1964	633	83	181	3,062	525	170	20	76	71	1.2
1965	741	108	315	4,282	659	272	27	128	103	2.0
1966	896	155	238	5,222	727	399	42	206	97	2.0
1967	1,048	152	317	6,102	834	504	38	117	131	2.5
1968	1,196	148	371	6,464	894	650	32	119	145	2.5
1969	1,302	106	201	6,399	903	627	26	82	151	3.0

## I—Laundry Service for Incontinent Patients

This service was first introduced in 1963, and the demand greatly increased each year until 1968 partly due to the inclusion of some of the Old People's Homes. There was, however, a reduction in the figures for 1969 due to the installation of automatic washing machines at the Homes.

## HOME HELP SERVICE

The Home Help Organiser reports:

The total number of households assisted during the year ending 31st December, 1969, was 902, a slight increase on the previous year. Of these 748 were persons over the age of 65. The decrease in the number of maternity cases continued.

Recruitment of Home Helps improved during the latter part of the year, several younger people joined the Service and have been well accepted by the older folk. A training course was held in March. This included talks by the Home Nursing Superintendent, Superintendent Health Visitor, Geriatric Health Visitors, Welfare Officers and other Social workers. These courses encourage the Home Helps to feel that they are an integral part of the Health and Welfare Service. Various outings, organised visits to Part III Homes, and a general meeting once per year help to band the Home Helps together and build up an *esprit de corps* in the Service.

The type of person willing to undertake this work is changing. We employ a band of intelligent, understanding women drawn from a fairly wide section of the community. To keep these and recruit more every endeavour is made to make the service more attractive and to encourage the social service aspect.

During the year we delivered 1,524 meals (supplied by Willoughby and Staveley Court Homes for the Aged) to those in real need who could not be covered by the W.R.V.S. These were delivered by Home Helps using the Home Help Service van, and make an interesting rewarding variation from normal routine.

May I express my thanks to the staffs of Staveley and Willoughby Courts for their willing co-operation with regard to the meals, to my assistants for their help and continued enthusiasm in the work, and most of all to the Home Helps themselves. It is often heartening, when the work becomes overwhelmingly difficult, to hear of the many extras that they do in their time for the old folk, and encourage one to feel more strongly that the Service is really worthwhile and a "boon and a blessing to man".

The following tables provide an indication of the work performed during the year:

	1965	1966	1967	1968	1969
No. of cases assisted .. ..	708	787	823	885	901
Average hours help per case per annum .. ..	86.4	93.4	84.7	75.4	77.9
No. of hours worked by Home Helps .. ..	57,184	66,101	71,161	66,735	70,170
No. of part-time Helps as at 31st December .. ..	55	63	64	55	69
Average equivalent Whole-time Home Helps employed for year	26.2	32.32	33.54	32.08	33.73

## CATEGORIES OF PATIENTS

				<i>Totals</i>	
				<i>Under 65</i>	<i>Over 65</i>
				<i>1969</i>	
Chronic sick and tuberculosis	..		..	73	675
Mental Illness	..	..	..	4	5
Maternity	..	..	..	15	0
Others	..	..	..	73	57
				<hr/>	<hr/>
				165	737
				<hr/>	<hr/>

## DETAILS OF CHARGES

				<i>1969</i>	<i>1968</i>	<i>1967</i>
Standard Charge (Voluntary or assessed)	..	..	..	359	404	364
No charge made (persons at or below Supplementary Assistance level)				460	138	40
<i>Special Cases of Hardship—</i>						
Assessed to pay part cost	..		..	78	89	99
Free	..	..	..	5	32	33
Ministry of Social Security Cases				—	222	287
				<hr/>	<hr/>	<hr/>
				902	885	823
				<hr/>	<hr/>	<hr/>

## MENTAL HEALTH SERVICE

## General

The last year saw several changes in Staff, including the secondment of the Senior Mental Welfare Officer to a one-year full-time course. Greater stress has been laid on providing a "Case-work" service. Some colleagues in other Social Work agencies and many General Practitioners still seem to be in doubt as to how to use the Social Work services that the Mental Welfare Officer can provide. It is important to have the right kind of referral, and here much work needs to be done, both with the public and other social work agencies. There are already links with some of the local churches, opportunities for strengthening and increasing these are used whenever they arise. Every opportunity of speaking to clubs and other groups in the town is accepted, but we would welcome an increase in the number of these requests. It is only by contact in this way that some of the fear of mental illness can be assuaged and also more understanding of the difficulties of those who have a "mental breakdown".

## Community Care

Early in the year arrangements were made to combine "standby duty" after office hours with the East Sussex County Council Mental Health Authority. This arrangement greatly relieved the strain of frequent stand-by duty on my Mental Welfare Staff. During 1968, because of staff absence on courses for more than four months of the year, the burden of this duty had fallen on two officers. Although the

amount of work whilst on "stand-by" duty has increased, because of this arrangement the frequency of the duty has decreased from alternate weeks to an average of one week in seven. We are grateful to Dr. Watson, County Medical Officer of Health and his staff for agreeing to this arrangement.

There was a decrease in the number of admissions to hospital in which the Mental Welfare Officers were involved. This is perhaps an indication of earlier recognition of illness by patients and their relatives rather than a decrease in the number of admissions. The number of new referrals and attendances at the Out-Patient Clinic did not vary significantly during the year.

There was a 100 per cent. increase in the number of patients referred to the Mental Welfare Officers by General Practitioners. Even so patients in need of social work help rather than psychiatric care and advice continue to be referred to the Psychiatric Out-Patient Clinic in the first instance.

It has been pleasing to note the increased productivity at the Salehurst Road Centre during the year. At one time all the trainees and nearly all those in the Special Care Unit were taking part in the industrial work.

As a result of much hard work by members of the local branch of the Society for Mentally Handicapped Children, a small swimming pool was provided for Hazel Court Training School. The delight of the children in using the pool and in many instances acquiring a new skill was a pleasure to see. The continuing interest of the Society in the Centres is very much appreciated by all members of Staff.

The helpfulness of the Police, especially in crisis situations, is much appreciated by the Staff. The assistance which has been so readily given in the past by the County Borough Force is still given, not only by Officers in the Eastbourne Division, but over the whole of the County area. Ambulance personnel continue to assist us in the removal of more difficult patients to hospital, and here again we are more than grateful for their understanding and sympathetic approach to disturbed patients.

## Mental Health

A statistical record of "visits" and persons assisted by the Mental Welfare Officers is a poor yardstick to measure the output of these officers. A "visit" can take half an hour or all day according to circumstances and the following figures should be construed accordingly:

				<i>Visits</i>	<i>Persons</i>
Mentally Ill	..	..	..	2,774	150
Subnormal	..	..	..	409	15
Severely Subnormal	..	..	..	48	—
Elderly Mentally Infirm	..	..	..	348	20
				<hr/> 3,579 <hr/>	<hr/> 185 <hr/>

## Mental Illness

### HOSPITAL CARE

<i>Mental Health Act, 1950</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Section 5 (informal) .. ..	7	20	27
Section 25 (Observation, 28 days) ..	8	20	28
Section 26 (Treatment) .. ..	1	1	2
Section 29 (Observation in Emergency, 3 days) .. ..	2	6	8
Section 33 Guardianship Order ..	—	1	1
Section 135 (Justices Warrant: Place of Safety, 72 hours) .. ..	—	1	1
	18	49	67

### DISPOSAL OF PATIENTS

<i>Hospital</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Hellingly .. ..	16	42	58
Amberstone .. ..	1	5	6
Ticehurst House .. ..	1	—	1
	18	47	65

	<i>1968</i>	<i>1967</i>	<i>1966</i>	<i>1965</i>
TOTALS IN PREVIOUS YEARS ..	77	56	55	54

In addition to the 65 patients admitted to hospitals during 1969, five persons were returned from leave of absence by the Mental Welfare Officers at the request of the hospital authorities.

### Care and After Care

29 males and 112 females were referred to the Department's Officers for supportive care. Including cases continuing from the previous year, a total of 47 men and 184 women received care.

### "The Yews" Hostel for Women

In residence 1st January, 1969 ..	..	..	..	11
Admitted during year ..	..	..	..	8
Discharged—				
To prison .. ..	..	..	..	1
To private accommodation ..	..	..	..	5
To residential employment ..	..	..	..	1
To psychiatric hospital ..	..	..	..	1
To rehabilitation centre ..	..	..	..	1
In residence at end of year ..	..	..	..	10

## **THE SUBNORMAL AND SEVERELY SUBNORMAL**

### **Males**

Five new cases were notified, one referred by Local Education Authority and one referred by the Senior Medical Officer of Health, and three moved into the area.

Two were removed from the Register, having left the area.

### **Females**

Two new cases were notified, one having moved into the area, and one referred by hospital. One case was removed from the Register, having died.

### **Position at the end of 1969**

There were 109 subnormals on the register and receiving care within the community, of these 16 males and 11 females are in outside employment.

### **Hospital Waiting List**

One patient was on the waiting list for permanent care at the end of the year.

### **Short-Term Care**

Seven patients were received into short-term care during the year, two into hospital, four to Hazel Court Hostel and one to accommodation provided under Part III of the National Assistance Act.

## **HAZEL COURT JUNIOR TRAINING SCHOOL**

The Principal, Miss E. Burns reports:

The excitement of the swimming pool appeal and the building process and commencement of its use has been the outstanding achievement for 1969.

Under the indefatigable efforts of Mrs. Harford-Rees, the N.A.P.M.H.C. Eastbourne Branch ran a public appeal which received swift and overwhelming support. Because of this the swimming pool became a reality in record time and was in use by the end of August.

This is now being used by each of the classes. The teaching staff have taken this extra task of coaching the children in swimming skills in their stride, along with all the other training skills being taught, and are doing a wonderful job of work. We now have two children actually swimming and several others well on the way. Mrs. Griffiths, our visiting physiotherapist, is making good use of the pool to give water therapy to our physically handicapped children.

Two very successful Open Days were held during 1969. One on Saturday, 19th April, which incorporated Bring and Buy stalls. Approxi-

mately 200 people visited us on this occasion and £70 was raised towards the Swimming Pool Fund.

On Tuesday, 23rd September, during Mental Health Week, we were open to the public, and had a constant stream of visitors throughout the day.

The usual Special Events have taken place and have created the same overwhelming appreciation for all the extra work done by the staff to make these such a success.

*The Harvest Thanksgiving* service was conducted by Father Rankin of St. Richard's Church of England and representatives from each class, found tremendous pleasure in handing their gifts personally to the elderly and sick. These visits provided great additional stimulus for speech, creating a desire to talk and an opportunity to extend vocabularies.

*The Christmas Concert*, always a source of great delight to the children, was again well attended.

*The Christmas Party* was a huge success, and was also a source of revelation to the staff. This year the majority of the children were absolutely *with* the entertainer, fully understanding the response he required from them, and thoroughly aware of his every move. When we tried the same type of entertainment three years ago—the response was almost nil, and the poor chap felt he was talking to blocks of wood. This evidence of the development of awareness and response was most encouraging.

## SECTION C

### WELFARE SERVICES

There is little to add to what has already been said in previous reports. The problem of the elderly continues to be the most pressing problem facing the staff of the Department. Lack of adequate hospital facilities, central government hold up on the provision of residential accommodation and staff problems in homes, all tend to add to the frustration of the field staff, who many times feel their facilities are inadequate to cope with a particular situation, and all they can provide is a rather rough and ready first aid treatment for those in greatest need.

At the time of the compilation of this report, the service faces many changes, the most immediate being the effect of the Social Services Act to bring into force a separate Social Service Department which seeks to combine the present Welfare and Children's Departments as well as certain other services. Although this may be a good scheme for the country as a whole, it is difficult to see how it will improve local services or solve the problem of the elderly.

## Geriatric Services

(a) *Residential.* Of the admissions during the year, 25 were over 85, 86 were between 75 and 84, and only 7 of the total were under 65. Infirmary of residents and recurrent staff problems continue to be the main features with the present position of hospital beds and the restriction of help to those in greatest need, the present inadequacy may be expected to increase. With regard to staff, the position is not helped when we are in competition with the hotel and light industry, both of whom tend to offer financial advantages with fringe benefits of cost of transport and meals on duty.

Once again I must thank the senior staff for all their efforts on behalf of the residents. I am conscious that their task is frequently a far from easy one.

The use of one home for the more senile confused has proved successful and there have been no unfortunate incidents or complaints. Again great tribute must be paid to all the staff of this home.

Temporary care and short stay admissions have continued and during the year these have been provided for 61 persons (19 men and 42 women).

(b) *Day Centre.* Despite some teething troubles, this has proved a great help in dealing with urgent problems and in giving some relief to hard-pressed relatives, also in giving interest and companionship to those who attend.

Thanks must be expressed to the Red Cross Welfare Officer and her band of drivers who have helped with transport. An additional minibus in the estimates for 1970/71 should help with the problem.

The Centre is open five days per week and average attendance has been twelve persons per day.

In addition to the provision of a midday meal and work under a handicraft instructor, those attending have, where not otherwise available, been provided with bathing facilities, chiropody, etc.

(c) *Community.* First it is to be regretted that so far the provision of a centre for the handicapped has not materialised. This is a gap in the service which could perhaps take a greater priority than is at present the position.

It must be admitted that the many problems of those in their own homes is the responsibility of far too few in comparison to those engaged on residential care. Thanks must be expressed to the work of the voluntary bodies in this field, although the need for co-ordination of effort in this field is in my opinion urgent.

The work of the Social Welfare Officers and Geriatric Health Visitors in the community is very briefly summarised in the following statistics which convey little of the intensive supportive care afforded by these officers:

	<i>Visits</i>	<i>Persons visited</i>
Geriatric and general welfare ..	10,398	1,568
Blind and partially sighted ..	3,284	265

**Residential Accommodation—Section 21 (i) (a) (National Assistance Act 1948)**

Figures for the year were as follows:

CAVENDISH LODGE (25 beds)			<i>Men</i>	
On 31st December, 1968 ..	..	..	25	
Admitted during the year ..	..	..	25	
Discharged during the year ..	..	..	22	
Died .. .. .. ..	..	..	1	
On 31st December, 1969 ..	..	..	27	
TREVIN TOWERS (45 beds)			<i>Men</i>	<i>Women</i>
On 31st December, 1968 ..	..	..	9	36
Admitted during the year ..	..	..	8	23
Discharged during the year ..	..	..	11	11
Died .. .. .. ..	..	..	2	9
On 31st December, 1969 ..	..	..	4	39
STAVELEY COURT (57 beds)			<i>Men</i>	<i>Women</i>
On 31st December, 1968 ..	..	..	—	55
Admitted during the year ..	..	..	5	32
Discharged during the year ..	..	..	—	25
Died .. .. .. ..	..	..	—	12
On 31st December, 1969 ..	..	..	5	50
ST. ANTHONY'S COURT (50 beds)			<i>Men</i>	<i>Women</i>
On 31st December, 1968 ..	..	..	11	38
Admitted during the year ..	..	..	14	21
Discharged during the year ..	..	..	12	20
Died .. .. .. ..	..	..	1	2
On 31st December, 1969 ..	..	..	12	37
WILLOUGHBY COURT (50 beds)			<i>Men</i>	<i>Women</i>
On 31st December, 1968 ..	..	..	10	39
Admitted during the year ..	..	..	9	39
Discharged during the year ..	..	..	10	31
Died .. .. .. ..	..	..	—	8
On 31st December, 1969 ..	..	..	9	39
PARKER HOUSE (57 beds)			<i>Men</i>	<i>Women</i>
On 31st December, 1968 ..	..	..	5	51
Admitted during the year ..	..	..	2	28
Discharged during the year ..	..	..	3	23
Died .. .. .. ..	..	..	—	6
On 31st December, 1969 ..	..	..	4	50

FIRWOOD HOUSE (50 beds)	<i>Men</i>	<i>Women</i>
Opened in May, 1969		
Admitted during the year .. .. .	22	60
Discharged during the year .. .. .	11	17
Died .. .. .	1	3
On 31st December, 1969 .. .. .	10	40

#### RESIDENT ON NIGHT OF 31ST DECEMBER, 1969

	<i>Men</i>	<i>Women</i>
VOLUNTARY HOMES .. .. .	6	31
OTHER LOCAL AUTHORITY HOMES .. .. .	—	5
ALSO RESIDENT DURING THE PERIOD .. .. .	2	4

#### RESIDENT DURING THE PERIOD IN HOMES REGISTERED UNDER SECTION 37

	<i>Men</i>	<i>Women</i>
14 Prideaux Road .. .. .	—	1
17 Rosebery Avenue .. .. .	—	1

#### RESIDENTS THE RESPONSIBILITY OF OTHER AUTHORITIES

	<i>Men</i>	<i>Women</i>
Norfolk County Council .. .. .	—	1
Kent County Council .. .. .	—	2
East Sussex County Council .. .. .	—	3
London Borough of Westminster .. .. .	—	1
Gloucestershire County Council .. .. .	1	—
London Borough of Kingston .. .. .	—	1
London Borough of Tower Hamlets .. .. .	—	1
Surrey County Council .. .. .	—	1
Hampshire County Council .. .. .	—	1

### Accommodation for the Temporarily Homeless

#### Section 21 (i) (b)

The arrangement for the use of one room at The Knowle, Oak Tree Lane continues. It was in fact occupied for 8 weeks by one woman and the only other case was an elderly lady accommodated at Steveley Court for three days as a result of damage to her room from a burst pipe.

### Handicapped Persons—Section 29

#### (a) BLIND PERSONS

##### 1. Incidence of Blindness:

During the year the number of persons registered as Blind within the meaning of the Act, on B.D.8 forms which can be only completed by appointed Ophthalmologists, was 37.

The majority of those were recommended for medical and hospital treatment or supervision.

## 2. *Registration:*

Total at 31st December, 1968	..	..	258
Registered during the year	..	..	37
Died during the year	..	..	34
Transferred from other areas	..	..	4
Transferred to other areas	..	..	5
Total at 31st December, 1969	..	..	260

<i>Age Groups</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 5 years	.. ..	1	—	1
Between 5 and 15	.. ..	1	1	2
Between 16 and 29	.. ..	1	—	1
Between 30 and 39	.. ..	4	3	7
Between 40 and 64	.. ..	24	18	42
Over 65 years	.. ..	..	..	207
Total	.. ..	..	..	260

## 3. *Home Workers:*

Two men were included in the Home Workers Scheme of the Royal National Institute for the Blind, one as a Basket Maker and one Elocution and Speech Therapist, for whose augmentation the Authority is responsible.

### *Handicrafts:*

A weekly class was continued at the Social Centre for the Blind under the supervision of the Welfare Officers for the Blind.

Braille and Moon lessons as required were given during domiciliary visits. Talking books and other aids were acquired in appropriate cases.

## (b) **PARTIALLY SIGHTED PERSONS**

The Council's scheme provides that the facilities for the blind shall, where applicable, be available for the partially sighted. Total on register at 31st December, 1969, 18 males and 70 females. A grand total of 88.

## (c) **DEAF AND DUMB**

The Chichester Diocesan Association for the Deaf and Dumb continues to act as the Council's Agents. The Assistant Missioner resident at Hastings visits Eastbourne twice a week, in particular he assists in the cases where emotional problems were affecting the families of deaf people. Number on the register at the end of the year was 17 deaf and 3 deaf blind.

## (d) **HARD OF HEARING**

Number on the register at the end of the year was 52. Note, this is giving those needing some form of welfare and is not the total number in this category.

The Honorary Secretary of the Eastbourne and District Hard of Hearing Association reports as follows:

The Eastbourne and District Hard of Hearing Association have had a busy year, the Social Club has continued to meet regularly and various Outings have been arranged. The Annual Sale of Work, held

at the Town Hall, was opened by Bill Northwood, Editor of B.B.C. News Review. This is the main source of income every year and was most successful.

The project "Vision Unlimited" is unique in the country in that it provides reading material for adults who have become totally deaf. With the price of newspapers continually rising this service makes a useful contribution in keeping deaf people in touch with current events.

In cases of need, help has been given with cost of various gadgets for home use and people have been recommended for the R.N.I.D. "Television for the Deaf" scheme.

Providing information and liaison are an important function, seven leaflets available from the Association have been distributed and talks have been given to local organisations.

Decentralisation of local hearing aid services has been welcomed and as a result of publicity given to the services available many people have been saved a journey to the Brighton Centre, thus saving time and expense. The prospect of the journey is quite daunting for the elderly and infirm.

Visits to homebound people have continued. There is need of more visitors to aid social rehabilitation of the isolated and also to check that hearing aids are maintained.

In the Autumn a new project was launched to encourage CLEAR SPEECH. A Jumble Sale was organised to finance the Campaign, posters and leaflets were distributed by the High School Girls, a stand was devoted to Clear Speech at an Exhibition in the Autumn. A Clear Speech "hand-out" has been in brisk demand and the Campaign is still in progress.

#### (e) PHYSICALLY HANDICAPPED

So far as the Local Authority is concerned the number of cases, excluding those under 16, on the register at the end of the year was 220. Disability Groups being as follows:

Amputations	..	..	..	1
Arthritis and rheumatism	..	..	..	86
Congenital malformation	..	..	..	10
Diseases of the digestive and genito-urinary systems: of the heart of circulatory system: of the respiratory system (other than tuberculosis): and of the skin..				16
Injuries of head, face, neck, trunk, injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	..	..	..	30
Organic nervous diseases	..	..	..	64
Other nervous diseases	..	..	..	6
Tuberculosis (respiratory)	..	..	..	Nil
Tuberculosis (non-respiratory)	..	..	..	2
Other diseases and injuries	..	..	..	5
				<hr/>
				220
				<hr/>

The Association Secretary reports as follows:

The Eastbourne Association for the Disabled had 224 disabled members at the end of 1969.

During the year a total of 1,222 visits were made to members by voluntary visitors and the Case Secretary.

The Association continued to meet the salary of the Craft Teacher, who gave weekly instruction to a Handicraft Class of up to 23 people and who made a total of 324 visits during the year to give tuition to homebound members.

The grant made by the Local Authority was supplemented by fund-raising efforts which totalled over £220.

An increased amount—well over £100—was spent on sending members away on holiday and the usual help was given towards television licences, extra fuel, etc.

The Social Club for the Disabled continues to meet on Wednesday evenings and during the year managed to raise sufficient money to buy a second minibus, one with an electric lift, which is a great advantage to severely disabled members and to helpers. The Club organised its usual holiday at Seaton in May.

The Association organised three outings to the Congress Theatre during the year and a summer outing to Northiam was enjoyed.

*Local Authority Assistance with Alterations*—This service continued to be of paramount importance to enable handicapped persons to lead an independent existence. During the year 21 individuals were assisted at a total cost to this Authority of £1,316 14s. 7d.

#### DISABLED DRIVERS

Discs of certifications are issued to those who would find difficulty in walking or negotiating any distance. At the end of the year there were 45 such licenced drivers within this County Borough.

#### (f) EPILEPTICS

Close contact is maintained with the Department of Employment and Productivity, and one case continues at Chalfont Colony. Within the community it is doubtful if this Authority is consulted unless a serious situation arises.

### Old People's Organisations

#### MEALS ON WHEELS

Once again thanks to the W.R.V.S. for operating this service, supplemented by some 24 meals per day prepared in the residential homes and distributed through the Home Help Service. During the year 24,679 meals were supplied—an average of 95 per day—at a cost to this Authority of £372 1s. 11d. An additional 16,760 meals were supplied in clubs without any direct cost to the Authority.

*Note:* This is a subsidy of 3d. for each meal, plus such additional sum as an individual case may be required.

In addition 1,542 meals were supplied from residential homes, and delivered to old persons by the Home Help Service.

#### **EASTBOURNE OLD PEOPLE'S WELFARE COUNCIL**

Nothing can be added to previous remarks. It does seem that co-ordination of voluntary work is a real need, and it is hoped that this body will accept any offer which this Authority may be able to make towards solving the problem.

#### **Registration of Homes—Section 37**

During the year there were 5 registrations and 4 cancellations and at the end of the year 27 homes were providing 323 beds. It remains regrettably true that the regulations under the Building Bye-laws tend to dissuade possible applicants from registration on cost grounds.

#### **Care of Property—Section 48**

The work under this section continues to use a considerable amount of staff time. At the end of the year the property of 36 persons was in care.

#### **Funerals arranged**

During the year 2 cremations and 7 burials were arranged at a total cost of £279 3s. of which £192 3s. 2d. has so far been recovered.

#### **Occupational Therapy and Handicraft Instruction**

##### **Visits to Part III Homes:**

Parker House .. .. .	75
Willoughby Court .. .. .	50
Staveley Court .. .. .	50
Firwood House (for residents) .. .. .	60
Trevin Towers .. .. .	21
New patients for domiciliary visiting .. .. .	55
Total number of domiciliary visits .. .. .	253

Domiciliary visiting this year has been as interesting and varied as in previous years. Requests for aids or adaptations to enable the individual to reach his maximum independence have come top on the list, so our equipment on loan has been well used. As problems differ from one person to another, even these specialised pieces of equipment must very often be adapted to give maximum help to the recipient.

Handicraft instruction was discontinued at Trevin Towers after May this year as the need for it lessened. It was at this time that plans were going ahead to open the workroom at Firwood House. From the end of August the first of the Day Attenders at Firwood House were encouraged to be busy not only with crafts, but in helping to paint and repair some of the larger pieces of equipment on loan.

In the middle of November a full-time helper was secured for the Day Centre.

It has been found that residents in the newer Homes are more eager to participate in the work/social sessions, which has been a definite encouragement to the Instructress.

Once again, most of the work entered in the East Sussex Exhibition for the Disabled by the elderly residents of our Homes gained awards; special mention should be made here of the high standard reached by some of those in the "over 85 years" class.

## SECTION D

### PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

#### Notifications

The table below illustrates once more the consistently low reported incidence of notifiable infectious illness in the community. The number of measles cases represents an all-time "low" which one must consider in relation to the programme of immunisation against measles commenced in 1968.

#### Notifications of Infectious Diseases (Corrected)

<i>Notifiable Disease</i>	<i>All ages</i>	<i>0-5</i>	<i>5-15</i>	<i>15-45</i>	<i>45-65</i>	<i>65 and over</i>	<i>Unknown</i>
Scarlet Fever .. ..	19	6	13	—	—	—	—
Whooping Cough .. ..	1	1	—	—	—	—	—
Measles .. ..	36	20	11	5	—	—	—
Tuberculosis (respiratory) .. ..	5	—	—	2	2	1	—
Infective Jaundice .. ..	11	1	2	5	2	1	—
Totals .. ..	72	28	26	12	4	2	—

#### Medical Arrangements for Long-Stay Immigrants

In accordance with the Ministry of Health Circular 3/65, dated 4th January, 1965, notification of entry into this country is received from the port of entry Authority of long-stay immigrants who intend to reside in Eastbourne.

Details are given below of the notifications received and the number of successful contacts in 1969. It should be noted that the Eastbourne Hospitals Group, in co-operation with this department, made their own contacts with immigrants employed by them.

## LONG STAY IMMIGRANTS

Notification of arrival .. .. . 59

## COUNTRY OF ORIGIN

### *Commonwealth Countries:*

Caribbean	..	..	..	..	1
Other Asian	..	..	..	..	2
Other	..	..	..	..	2

### *Non-Commonwealth Countries:*

European	..	..	..	..	45
Other	..	..	..	..	9

—  
59  
—

### *Successful contacts made by:*

Public Health Inspectors	..	..	..	28
Health Visitors	..	..	..	12
Eastbourne College..	..	..	..	2
Eastbourne Hospitals	..	..	..	15

—  
57  
—

## Public Health Laboratory Service

Pathology investigations were carried out on behalf of the department at Public Health Laboratory, Brighton, under the direction of Dr. J. E. Jameson and by Dr. D. C. Taylor and Dr. J. Surtees, pathologists to the Eastbourne Hospital Management Committee, to whom acknowledgement is given for their ready assistance and co-operation at all times.

## Venereal Diseases

Information was supplied to the department by the Eastbourne Hospital Management Committee, which is responsible for the treatment of venereal diseases. Two weekly sessions were held at the treatment centre at the Princess Alice Hospital—Mondays for women and children and Wednesdays for men.

New cases attending the centre from the Hospital Catchment Area are shown in the table below. The figures in brackets relate to 1968.

<i>Condition</i>			<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	..	..	0 (2)	0 (1)	0 (3)
Gonorrhoea	..	..	9 (9)	2 (2)	11 (11)
Other Conditions	..	..	65 (43)	29 (21)	94 (64)

## SECTION E

### SANITARY CIRCUMSTANCES OF THE AREA

Water Supply	Sewerage and Sewage Disposal
Public Baths	Report of the Chief Public Health Inspector

### WATER SUPPLY

The generalities of the details of Eastbourne's water supply remain as noted in my Report for 1967 (pages 60 and 61). The average content of fluoride in the supply is of the order of 0.12 mg./l.

We are fortunate in having a progressive water undertaking with new, and first class laboratory facilities situated in Eastbourne and with whom excellent liaison has been established and maintained.

This laboratory was instrumental in detecting a progressive rise in the nitrate content of the water from certain of the sources consequent upon the increasing application of nitrate fertilisers upon farmland in the catchment area. Co-operation between the parties concerned has ensured that the level of nitrates is not allowed to exceed that in which adverse effects on human health have been observed.

The water from all sources continued to meet all chemical and bacteriological standards. Two hundred and twenty samples of mains water, taken from widely dispersed points in the Borough, were submitted for bacteriological examination by the Public Health Inspectors.

The following is a typical analytical report upon a sample from mains supply:

Date of Report—15th July, 1969.

#### PHYSICAL

Taste	..	..	..	..	..	..	Nil
Odour	..	..	..	..	..	..	Nil
Colour (Hazen)	..	..	..	..	..	..	Nil
Turbidity (F.E.)	..	..	..	..	..	..	Nil
Conductivity	..	..	..	..	..	..	460.0
Total Solids (dried at 180° C.)	..	..	..	..	..	..	274.0
pH	..	..	..	..	..	..	7.7
Temperature ° C.	..	..	..	..	..	..	21°

#### CHEMICAL

Alkalinity (as CaCO <sub>3</sub> )	..	188.0 mg./l.	Sulphate	..	..	6.0 mg./l.
Total Hardness (d O)	..	225.0 mg./l.	Chlorine (Total)	..	..	0.12 mh./l.
N.C.H. (as CaCO <sub>3</sub> )	..	37.0 mg./l.	Copper	..	..	0.03 mg./l.
Free Carbon Dioxide	..	6.5 mg./l.	Zinc	..	..	Nil mg./l.
Dissolved Oxygen	..	11.2 mg./l.	Iron	..	..	Nil mg./l.
Ammonia (Feee and Saline)	..	Nil mg./l.	Manganese	..	..	Nil mg./l.
Ammonia (Albuminoid)	..	Nil mg./l.	Calcium	..	..	46.0 mg./l.
Nitrate (as N)	..	8.7 mg./l.	Potassium	..	..	0.9 mg./l.
Nitrite (as N)	..	Nil mg./l.	Sodium	..	..	34.0 mg./l.
Chloride	..	50.0 mg./l.	Silica	..	..	4.7 mg./l.

#### REMARKS

This sample is bright and clear in appearance and moderately hard in character. Analysis indicates an extremely pure chalk water for supply purposes.

## SEWERAGE AND SEWAGE DISPOSAL

Work on the construction of the new Pumping Station and Sewer Outfall was completed during the latter part of the year and brought into operation. From initial experience it was fully anticipated that the possibility of pollution of the beaches would be removed.

### PUBLIC BATHS

The Old Town Swimming Baths, which has a capacity of 45,000 gallons of fresh water derived directly from a borehole in the subsoil, is directly under the control of the Health Department. Breakpoint chlorination conditions are maintained and once every four hours the whole of the water in the pool is circulated through two pressure filters.

Following adaptations to the changing accommodation, replacement of the chlorination and filtration plant and the old solid fuel boilers with an oil fired system and the installation of adequate central heating, it is now possible to keep the bath open all the year round.

Forty-seven samples of water were taken for bacteriological examinations, all of which were satisfactory.

The numbers using the bath during the year were:

#### Organised Parties—

Local Authority Schools	..	..	40,777
Youth Organisations	..	..	3,514
General Public	..	..	15,622
			<hr/>
			59,913

### Seaside Baths

Thirty individual baths are provided, 15 for males and 15 for females. The number of persons using these baths were:

Men	..	..	..	6,148
Women	..	..	..	1,798
Children	..	..	..	246
Retired persons (admitted at reduced prices)				3,471
				<hr/>
				11,663

### Devonshire Swimming Baths

The Devonshire Swimming Baths (under the control of the Entertainments Department) comprise two indoor sea-water baths of 70,000 and 13,000 gallons capacity respectively, the larger bath being in use during the summer months only. The baths are filled initially with filtered sea-water and wastage made good as required. The water is continuously recirculated and filtered through two rapid gravity filters, chlorinated, aerated and heated to a temperature of 72° F–74° F. The circulation period is approximately 4½ hours, when both baths are in operation.

During the year, forty-six samples of water were submitted for bacteriological examination, all of which showed that a high bacteriological standard is being maintained.

## Other Swimming Baths

Seven other swimming pools, three privately owned, and the other four at schools or colleges, are in use; 124 samples were taken from these pools and, generally, were of a satisfactory bacteriological standard.

## REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

EDWARD EDLINGTON, M.A.P.H.I., M.R.S.H.

It is again my privilege to present for information some details of the work carried out by the Public Health Inspectors' Section during the year. In doing this I am aware that because of the very broad spectrum of our duties it is only possible to touch upon most of the matters in statistical form but, where necessary, I have expressed opinions pertinent to the respective subjects.

The work undertaken could not have been carried out without the fullest co-operation of staff of the Section at all levels and although, when appearing in print, it may seem to be a matter of routine, I would sincerely like to state that I am greatly appreciative of their support and efforts.

It is recognised that team work must be an essential factor in any successful organisation, and we of this Section are very conscious that we are part of the team of the Health and Welfare Services Department generally, and are grateful for the co-operation we have continued to receive from all other Sections.

Although no claim is made to any outstanding achievements during the year, I think, and sincerely hope, that those who read this report will concur that we have attempted, in our own particular sphere, to maintain and improve the environmental health circumstances of our lovely town.

## General Summary

Visits and inspections made by the Public Health Inspectors in 1969:

For general public health purposes ..	2,420
Inspections under the Housing Acts, etc.	2,489
In connection with food and to food premises	3,898
Infectious disease control visits and investigations .. .. .	93
Prevention of Damage by Pests Act, 1949 ..	400
SO <sub>2</sub> and Smoke Recordings .. ..	438
Offices, Shops and Railway Premises Act, 1963 .. .. .	909
Visits for miscellaneous purposes ..	1,428
	<hr/>
	12,075
	<hr/>
Food animals inspected at slaughterhouse ..	7,559

## FOOD HYGIENE REGULATIONS

The following table gives details of food premises subject to the Food Hygiene (General) Regulations, 1960:

	No.	<i>No. fitted to comply with Regulation 16</i>	<i>No. to which Regulation 19 applies</i>	<i>No. fitted to comply with Regulation 19</i>
Bakers and Bakers' Shops ..	37	37	37	37
Butchers .. ..	37	37	37	37
Confectioners .. ..	60	60	32	32
Dairy .. ..	1	1	1	1
Fish and Fried Fish ..	27	27	27	27
Fruiterers and Greengrocers	58	57	47	47
Grocers, Provision and General Stores .. ..	108	106	108	108
Hotels and Guest Houses, etc.	420	401	420	420
Meat Depots .. ..	2	2	2	2
Ice Cream Manufacturers ..	11	11	11	11
Ice Cream Stores .. ..	2	2	2	2
Public Houses and Hotels with Open Bars .. ..	62	62	62	62
Restaurants, Cafes and Snack Bars .. ..	132	132	132	132
Residential Homes, etc. ..	39	39	39	39
Schools .. ..	41	41	41	41
Slaughterhouse .. ..	1	1	1	1
Wholesale Manufacturers ..	3	3	3	3

The general supervision of the hygiene of food premises continued as a routine during the year, and again we have been pleased to record many improvements effected, although the majority were only of a minor character. We acknowledge that credit for these improvements cannot entirely be attributed to our persuasions for improvements on grounds of food hygiene, but that they have, perhaps, been due to the realistic appraisal of the proprietors of the business that the improvements were very much an economic viable proposition and that hygiene circumstances were incidental. Nevertheless, although the structural conditions of food premises and equipment are of great importance, it must be recognised that of much greater significance are the personal habits of those engaged in any way in the handling, etc. of food, and of the temperature control of foodstuffs themselves. However, it is these very factors which are difficult to impress on many food workers who fail to realise that the real danger with food is that the possible causation of disease and food poisoning is due to bacteria which cannot be demonstratively seen by them, and consequently they do not understand the measures necessary for the prevention of contamination of food by unseen dangers and the preventive precautions to minimise the growth of any germ-life.

Education of the food-worker in whatever capacity must be regarded as of primary importance, and in this field we are greatly

encouraged by the help and co-operation received from the College of Further Education in organising classes of food handlers in preparation for the Certificate of the Royal Society of Public Health and Hygiene. Further opportunity has been taken by the staff concerned with food hygiene duties to give lectures and talks to educational establishments and other organisations on food hygiene and allied subjects.

### Carcases and Offal Inspected and Condemned in Whole or in Part

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed . . . . .	1,097	42	178	2,676	3,566
Number inspected . . . . .	1,097	42	178	2,676	3,566
<i>All diseases except Tuberculosis:</i>					
Whole carcases condemned . . . . .	7	11	5	9	9
Carcases of which some part or organ was condemned . . . . .	629	23	6	497	1,143
Percentage of the number inspected affected with disease other than tuberculosis or cystercei . . . . .	57.98	81.0	6.2	18.9	32.31
<i>Tuberculosis only:</i>					
Whole carcases condemned . . . . .	—	—	—	—	—
Carcases of which some part or organ was condemned . . . . .	—	—	—	—	2
Percentage of the number inspected affected with tuberculosis . . . . .	—	—	—	—	.056
<i>Cysticercosis:</i>					
Carcases of which some part or organ was condemned . . . . .	14	—	—		
Carcases submitted to treatment by refrigeration . . . . .	14	—	—		
Generalised and totally condemned . . . . .	—	—	—		

### Slaughtering and Inspection of Food Animals

#### PREMISES

There is only one small slaughterhouse in the Borough, and the number of animals dealt with here shows a decrease on the previous year's throughput. Again it is considered that having regard to the age and design of the building, etc., reasonable standards of hygiene were maintained. The premises are visited at intervals by a Veterinary

Officer from the Ministry of Agriculture, Fisheries and Food, and I am grateful to him for his advice and help.

## INSPECTION

One hundred per cent. meat inspection was carried out by the District Inspectors, working on a rota basis. No abnormal incidence of any specific disease or conditions were noted during the year, calling for any special investigation. It may be noted that 14 out of 1,097 cattle were found to be affected with Cysticercosis, compared with 4 out of 1,357 the previous year. The percentage of pigs found to be affected with tuberculosis dropped rather dramatically from 0.5 per cent. (1968) to 0.056 per cent. in the year under review.

## Diseases of Animals Acts and Orders

During the year we were thankful that the work involved was not connected with any actual incidents of the notifiable diseases, but was mainly concerned with routine matters relating to Movement Licences of Animals, and visits to plant used for boiling waste food for feeding to animals and licenced in accordance with the Diseases of Animals (Waste Food) Order, 1957.

The total number of visits for all purposes was 85.

## Food Premises

Visits and inspections made to food premises were as follows:

Dairies	..	..	..	99
Milk Distributors	..	..	..	201
Ice Cream Manufacturers	..	..	..	228
Ice Cream Retailers	..	..	..	345
Bakehouses	..	..	..	94
Butchers' Shops	..	..	..	147
Wholesale Meat Depots	..	..	..	44
Meat Products Preparation Premises	..	..	..	63
Fish Shops	..	..	..	88
Fried Fish Shops	..	..	..	37
Other food shops and stores	..	..	..	541
Hotel and Restaurant Kitchens	..	..	..	762
School Kitchens	..	..	..	67
Residential Establishment Kitchens	..	..	..	43
Stalls and Vehicles	..	..	..	151
In connection with unfit food	..	..	..	148
In connection with food complaints	..	..	..	149
Slaughterhouse	..	..	..	604
Merchandise Marks Act and Orders	..	..	..	2

The following premises were registered under Section 16 of the Food and Drugs Act, 1955, for the preparation or manufacture of sausages, or potted, pressed, pickled or preserved food intended for sale:

Butchers' Shops	..	..	..	24
Grocers' and Provision Stores	..	..	..	14
Fried Fish Shops	..	..	..	9

## Milk and Dairies Regulations

Eastbourne is a specified area within the meaning of the Milk (Special Designation) (Specified Areas) Order, 1955, and therefore all milk sold in the town must comply with the conditions for treatment and handling prescribed by the regulations for milk sold under the Milk (Special Designation) Regulations. Well over 95 per cent. of the milk sold is pasteurised, the balance being made up of untreated milk, and a small sale of sterilised and ultra-heat treated milk.

There is one pasteurising establishment in the town, but two firms import milk from Brighton and Bexhill respectively for local sale.

### (a) REGISTRATION OF DIARIES AND DISTRIBUTORS

(i) The following were registered under these regulations:

Dairies (premises)	..	..	..	2
Distributors (persons)	..	..	..	104

Of these, four distributors sell cream only.

(ii) Licences granted to use the special designations indicated:

To Pasteurise Milk	..	..	..	1
Dealers' Licences to use the designation "Pasteurised"	..	..	..	98
Dealers' Licences to use the designation "Sterilised"	..	..	..	24
Dealers' Licences to use the designation "Untreated"	..	..	..	5
Dealers' Licences to use the designation "Ultra-heat Treated"	..	..	..	8

### (b) SAMPLING OF MILK

Milk is sampled and examined broadly for four purposes: to ensure that the composition of the milk is up to the standard required; for testing as to cleanliness, keeping quality and effective pasteurisation; and for the presence of tuberculosis, and a certain number of samples are subjected to the Penicillin Test.

Samples taken, with the results of analysis or examination, were as follows:

#### (i) *Chemical Analysis:*

Six samples were submitted for analysis, of which one was Channel Island Milk. The results indicated that the local milk supply was of good quality. The Channel Island Milk gave a result of 5.1 per cent fat and 9.4 per cent. non-fat solids, the standard for that milk being 4 per cent. and 8.5 per cent. respectively. The average fat and non-fat solids of the remaining samples were 3.7 per cent. and 8.6 per cent., compared with the prescribed standard of 3.0 per cent. and 8.5 per cent.

(ii) *Bacteriological Examination:*

Class of Milk	No. of Samples Tested	Appropriate Tests	Number of Samples		
			Passed	Failed	Void
Pasteurised ..	86	Phosphatase ..	86	—	—
		Methylene Blue	81	3	2
Untreated .. ..	11	Methylene Blue	9	2	—
Sterilised .. ..	16	Turbidity Test	16	—	—
U.H.T. .. ..	4	Loop Test ..	—	—	—

The samples which failed the Methylene Blue Test were referred to the Divisional Milk Officer and to the dairy concerned.

(iii) *Examination for the presence of tuberculosis:*

In order to regulate the flow of samples, by arrangement with the Public Health Laboratory, samples of ordinary milk on arrival at the dairy and farm-bottled milk were again taken on a rota system. Twenty-five samples were taken during the year and were tested also for *Brucella abortus*. *M. tuberculosis* was not found in any of the guinea pigs inoculated with the milk.

(iv) *Penicillin Test.*

Thirty-seven samples were subjected to the Penicillin Test, all of which were found to be satisfactory.

## Manufacture and Sale of Ice Cream

The number of premises registered for the manufacture, storage or sale of ice cream in accordance with Section 16 of the Food and Drugs Act, 1955, was:

(a) Wholesale Manufacturer .. ..	1
(b) Manufacture and retail sale .. ..	10
(c) For the sale of ice cream .. ..	175
(d) for the storage of ice cream for the purpose of sale .. ..	2

Of the 573 visits made to these premises, 228 were to manufacturers' premises and 345 to retailers.

As in previous years, during the appropriate season, a very considerable amount of time was devoted to the sampling of ice cream for bacteriological examination as an indication of the hygienic standards achieved in the manufacture, storage or sale of this product. Regrettably, the methylene blue test, which is the test applied, is not, for technological reasons, a legally enforceable standard, and the results obtained have, therefore, to be viewed objectively. Despite these limitations, it does give a fairly reliable assessment of circumstances

prevailing. During the year, 333 samples were taken for this purpose, and the results are shown below:

Grade	Premises				Mobiles			
	I	II	III	IV	I	II	III	IV
Soft Ice Cream ..	8	13	15	23	1	1	5	5
Other Ice Cream	83	113	41	20	2	2	1	—

Our efforts, in the main, were concentrated on those premises either (a) selling loose or bulk ice cream, or (b) manufacturing and selling a soft freeze ice cream from a specially designed machine, since it is undoubtedly these two types of the commodity which are most liable to bacterial and other contamination due to defects in the methods of storage, service and/or cleaning of equipment. In a previous annual report, it was mentioned that the ice cream produced by the major well-known national companies supplying the wrapped variety in the Borough is exceedingly well controlled and subjected to very close bacteriological and chemical testing at the ice-cream factory concerned. When, however, bulk or loose ice cream is dispensed by means of a scoop or similar means unless very great care is exercised bacterial and other contamination inevitably occurs, but it is pleasing to note that the results of samples from this type of ice cream were quite good since the majority were placed in Grades 1 and 2.

Unhappily, the results of the soft freeze ice cream have again not sustained the improvement which we had hoped for considering our efforts in this direction over the past few years. The generally unsatisfactory results, in the main are considered to be attributable to the time-consuming effort needed for the meticulous cleaning and sterilising of the equipment necessary to produce this type of commodity. It must not, however, be thought that the operators of soft freeze ice cream equipment do not carry out cleaning processes for, indeed, it would be impracticable to continue the prolonged use of these machines without doing so, but what is considered to be the case is that the machine is not stripped down daily as is necessary or that the application of sterilising agents is not used strictly in accordance with the manufacturer's recommendations. It can only be hoped that pressures which were brought to bear toward the end of the season will show an improvement in the future.

## Unfit Food

The following is a list of foodstuffs voluntarily surrendered by the vendors on being found to be unfit for human consumption:

Angel Delight (pkts.) ..	2	Bovril (jars) ..	10
Almonds, ground (pkts.) ..	2	Butter (lbs.) ..	35½
Baby Food (cans and pkts.) ..	24	Cakes and Cake Mix (pkts.) ..	9
Bacon (lbs.) ..	½	Castor Oil (botts.) ..	1
Bicarbonate of Soda (pkts.) ..	2	Cheese (pkts.) ..	4
Biscuits (lbs.) ..	36	Cheese Spread (pkts. and jars)	7

## Unfit Food—continued

Cereal (pkts.) .. ..	103	Meat (cans over 4 lbs.) ..	24
Cocoa (cans) .. ..	1	Meat Pies (lbs.) .. ..	8½
Coffee, instant (cans) ..	34	Milk (cans) .. ..	41
Coffee essence (botts.) ..	2	Milk Puddings (cans) ..	40
Confectionery (lbs.) .. ..	19	Mince meat (lbs.) .. ..	5
Cooking Oil (botts.) .. ..	6	Mint (pkts. and jars) ..	12
Cornflour (pkts.) .. ..	10	Mustard (cans) .. ..	1
Cream (cartons and cans) ..	21	Nuts (pkts.) .. ..	4
Cucumbers .. ..	3	Oats (lbs.) .. ..	6½
Custard Powder (cans) .. ..	3	Paste (jars) .. ..	4
Dairy Cream Sponges .. ..	4,485	Peanut Butter (jars) ..	9
Dream Topping (pkts.) .. ..	1	Potato Crisps (pkts.) ..	37
Eggs, frozen (lbs.) .. ..	28	Poultry (cans) .. ..	3
Fish (cans) .. ..	567	Poultry (lbs.) .. ..	1,163¾
Fish (stone) .. ..	52¾	Rice (lbs.) .. ..	9
Flour (lbs.) .. ..	1,110	Ryvita (pkts.) .. ..	2
Frozen Foods (pkts.) .. ..	2,660	Salt (pkts.) .. ..	43
Fruit (cans) .. ..	1,463	Sauces, Pickles, etc. (botts.) ..	48
Fruit, dried (pkts.) .. ..	30	Sauces (pkts.) .. ..	6
Fruit Pie.. ..	1	Sausages (lbs.) .. ..	69
Ham (lbs.) .. ..	292	Shandy (cans) .. ..	2
Honey (lbs.) .. ..	10	Soft Drinks (botts. and cans) ..	201
Ice Cream Sandwich .. ..	7	Soup (pkts. and cans) ..	37
Jam and Marmalade (lbs.) ..	98	Spices (pkts.) .. ..	9
Jelly (pkts.) .. ..	1	Tea (lbs.) .. ..	2
Malt Drinks (cans) .. ..	21	Vegetables (cans) .. ..	902
Marmite (jars) .. ..	2	Vinegar (botts.) .. ..	44
Meat and Offal (lbs.) .. ..	1,138½	Yoghurt (cartons) .. ..	30
Meat (cans up to 4 lbs.) .. ..	197	Virol (jars) .. ..	2

In this connection 148 inspections were made.

Most of this foodstuff was dealt with in small quantities and was disposed of by burning at the refuse destructor. Unfit meat from butchers' shops and wholesale stores is disposed of under suitable safeguards for sterilisation and processing into animal foodstuffs, etc.

## Food Complaints

The number of consumer complaints involving food received at the Department again showed a discernable increase on previous years, and were concerned with the usual variety of foodstuffs and reasons for complaint, including mould, cigarettes, metal and other extraneous matter in food, and one where the complainant was convinced that a bottle of liquid paraffin contained an object resembling a miniature flat fish, which she was equally convinced was alive and moved!—more detailed examination, however, indicated this to be no more than an occlusion of sand in the actual glass of the bottle. The complaints were classified as follows:

Food containing foreign matter .. ..	36
Food affected with mould .. ..	20
Food in dirty containers .. ..	4
Inferior quality and others .. ..	21

and related to the following categories:

Meat pies, etc.	..	..	..	8
Sausages and sausage rolls	..	..	..	9
Bread and flour confectionery	..	..	..	25
Milk and dairy produce	..	..	..	14
Meat and meat products	..	..	..	7
Alcoholic beverages and soft drinks	..	..	..	5
Fish	..	..	..	6
Others	..	..	..	7
				—81

As hitherto, each complaint was very carefully investigated and action taken appropriate to the occasion. In eight instances the circumstances were such that it was considered necessary to report the details to the Public Protection Committee who authorised legal proceedings in one instance and official warnings in respect of the other cases. The case involving legal proceedings related to a cigarette in a sausage manufactured on the premises and the defendant company exercised their prerogative under Section 113 of the Food and Drugs Act, 1955 and proved to the Court that the actual occurrence was due to the act or default of their manager. He was subsequently fined £25.

As in previous years a number of complaints received related to mould associated with perishable goods such as sausages, meat and fruit pies, wrapped bread, etc., sold by individual retailers and therefore not under the direct control of the manufacturers themselves. Whilst, in the majority of cases, we feel that the fault very probably lies with the retailer, either because of his failure to implement correct stock rotation or possibly not being fully appreciative of the "shelf-life" of such perishable goods, there is, frequently, a real element of doubt arising in the mind of the investigating officer. Although the direct legal responsibility, having regard to the law as it stands, must remain with the retailer, we are not unmindful that there is always the possibility of the retailer being the unfortunate and unwitting subject of the operation of a sale or return transaction by an enthusiastic salesman. It is appreciated that the very great majority, if not all, of the more reputable food manufacturers would state that they do not officially allow this system to be operated, but there seems little doubt, although actual proof is difficult to come by, that this arrangement is operated, despite the systems of coding and invoicing which is applied to their products. Most manufacturers apply codings which they can decipher and can produce dates of manufacture and distribution timings but, unfortunately, these codings are usually quite unintelligible even if they are capable of being seen by the ordinary retailer who is, therefore, not in a position to judge from these markings the actual freshness of the product which he receives from the salesman and he is, to a very large degree, left to trust the integrity of the salesman. It is also true that many retailers entrust the rotation of their existing stocks to the salesman when he delivers the products, and fail to appreciate that they, themselves, have the ultimate responsibility for ensuring that the products in which they deal are satisfactory.

Whilst there are cogent reasons for food manufacturers not applying a simple code which would be decipherable by the purchasing public we do consider that their system of coding should be such that it can be easily seen and understood by the retailer at least, so that he can carry out his own check on goods as supplied, and not have to rely completely on the delivery salesman.

Another difficulty encountered in connection with investigations of food complaints is that the assessment of the situation, and of the action proposed must, to a very large extent, depend upon the judgement and expertise of the investigating officer, and although he usually receives from the manufacturing company very detailed and comprehensive information regarding the actual factory production procedure, and alleged methods adopted by them to safeguard against contamination, he generally has no detailed knowledge of the factory in question, although it must be said that information as to the hygienic standards, etc. is willingly supplied by the Public Health Inspector of the authority within whose area the factory is sited. Nevertheless, it may well be that having to view the incident in isolation, having regard to the information gleaned from the factory and the local Health Inspectorate, the impression may be gained that the matter complained of might indeed be an isolated incident, whereas, in fact, the firm may have been prosecuted previously by some other authority for a similar offence, or warnings given by such authorities to the firm concerned, although these circumstances are usually not known to the Health Department directly concerned with the factory.

It will be appreciated that if this background knowledge was available for consideration a different picture would be presented, and a different line of action taken but, unfortunately, at the present time there is no machinery in operation whereby this information can be made available for this purpose.

### **Sampling of Food and Drugs**

We are again grateful for the co-operation of Mr. T. Rymer, the Public Analyst.

Six formal and 174 informal samples were submitted to the Public Analyst, of which 16 informal samples were found to be unsatisfactory. Thirty-two of the samples taken were drugs.

The following gives particulars of samples which the Public Analyst reported as being unsatisfactory. In each case the matter was taken up with the manufacturer or retailer and necessary action taken.

**CHOCOLATE TRUFFLES**—Described as Chocolate Truffles with real Carribbean Rum. On analysis not a trace of rum was detected.

**CORDIAL**—Described as "Triple Concentrated", but contained only 43.2 per cent. of sugar.

**CRYSTALS FOUND IN SODIUM METABISULPHITE**—The crystals consisted essentially of hydrated copper sulphate—an impurity.

**FLOUR (2 samples)**—Contained an excessive amount of chalk.

**FLOUR**—Deficient in chalk.

**GLYCERIN, HONEY AND LEMON**—The chief ingredient was sugar, nearly 40 per cent. and far in excess of either glycerine or honey. Article should have been described as "Compound Syrup of Glycerine, Honey and Lemon" or some similar term to indicate its true character.

**HIGH PROTEIN FOOD**—A mass of analytical data was printed on the packet of this article, but in some respects the sample gave results considerably different from the figures stated.

**ORANGE JUICE (CONCENTRATED)**—Contained an excessive amount of sulphur dioxide, namely 280 p.p.m.

**PIE MEAT**—11 per cent. deficient in meat content.

**PORK LUNCHEON MEAT**—Contained only 78 per cent. of meat.

**SAUSAGES—PORK (4 samples)**—Consisted of preserved pork sausages.

**TOMATO KETCHUP**—The label did not comply with the requirements of the Labelling of Food Order, 1953.

### **Bacteriological Sampling (other than Milk and Ice Cream)**

Fifteen samples of cream and cream products and six sausage rolls from local factories were taken and returned as satisfactory.

### **Liquid Egg (Pasteurisation) Regulations, 1963**

There are no pasteurisation plants in the area and no samples have been taken.

### **Merchandise Marks Act, 1926, and Merchandise Marks (Imported Goods) Orders**

The provisions of this Act are administered by the Inspectors in the course of their other duties in food premises and two special inspections were made.

## **HOUSING**

During the year a moderate, but mixed housing programme was undertaken, including the closing of individual unfit houses, detailed inspection and service of formal notices in respect of houses in multiple occupation and, of course, the ever constant public relations exercise of encouraging owners to equip their houses with basic amenities with the aid of improvement grants which, despite the falling off of applications at the start of the year, probably due to the impending changes in legislation, showed a slight increase on the previous year in the total number of applications approved by the time the year came to a close.

It is particularly pleasing to note that in the past twelve months 18 houses, formerly the subject of demolition or closing orders, have been repaired and improved and brought back into active use.

With the wider financial assistance now available to owners under the provisions of the Housing Act, 1969, it is anticipated that this trend will continue and perhaps even gain momentum.

Inspections made by the Public Health Inspectors for housing purposes were:

Dwelling Houses (Housing Act) ..	1,598
Dwelling Houses (Public Health Acts) ..	102
Improvement Grants .. ..	319
Revisits .. ..	363

## Housing Report

The following is the total of the quarterly reports submitted to the Ministry of Housing and Local Government as to action taken in 1969:

### A. HOUSES DEMOLISHED DURING THE YEAR

In or adjoining Clearance Areas declared under Section 42 of the Housing Act, 1957 .. ..	Nil
Not in or adjoining Clearance Areas (as a result of action under Section 16 or 17 (1) Housing Act, 1957) ..	19

### B. UNFIT HOUSES CLOSED DURING THE YEAR IN PURSUANCE OF CLOSING ORDERS OR UNDERTAKINGS

Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26, Housing Act, 1961 .. ..	11
Number of separate dwellings contained therein ..	15
Under Sections 17 (3) and 26, Housing Act, 1957 ..	Nil
Parts of Buildings closed under Section 18, Housing Act, 1957 .. ..	8

### C. NUMBER OF PERSONS DISPLACED DURING THE YEAR

From houses to be demolished in or adjoining clearance areas .. ..	Nil
From houses to be demolished not in or adjoining clearance areas .. ..	7
From houses to be closed .. ..	23
From parts of buildings to be closed .. ..	10

### D. NUMBER OF FAMILIES DISPLACED DURING THE YEAR

From houses to be demolished in or adjoining clearance areas .. ..	Nil
From houses to be demolished not in or adjoining clearance areas .. ..	4
From houses to be closed .. ..	13
From parts of buildings to be closed .. ..	5

### E. UNFIT HOUSES MADE FIT

After informal action by local authority by owner ..	17
After formal notice under Sections 9 and 16, Housing Act, 1957: by owner .. ..	1
by local authority .. ..	Nil

E. UNFIT HOUSES MADE FIT— <i>continued</i>				
After formal notice under Public Health Acts	..	..		12
After modification or revocation of a clearance order under Section 21, Housing Act, 1961	..	..	..	Nil
After determination of a demolition order under Section 24, Housing Act, 1957	..	..	..	4
After determination of a closing order under Section 27, Housing Act, 1957	..	..	..	14
F. HOUSES IN WHICH DEFECTS WERE REMEDIED (other than unfit houses made fit) after formal notice under Public Health Acts				
	..	..	..	2
G. UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957)				
Retained for temporary accommodation under Section 48:				
Number of houses	..	..	..	1
Number of separate dwellings contained therein	..			1
H. PURCHASE OF HOUSES BY AGREEMENT				
Houses in clearance areas other than those included in confirmed or compulsory purchase orders	..	..		Nil

### Improvement Grants

The eagerly awaited and much publicised Housing Act, 1969, found its way on to the statute books during the latter half of the year, and even in the short space of time that it has been in operation the Act, has done much to encourage owners to avail themselves of the generous financial assistance now available towards the cost of improvements and repairs, the latter being eligible for grant aid for the first time.

Perhaps unfortunately, the former proviso whereby a recipient of a grant could not sell the house in question for three years unless the grant, or a proportion, was refunded to the local authority, has now been deleted. This has inevitably led to fewer houses and flats being made available for letting, and to increased profits where the better class property, after renovation and improvement, is sold to people in the higher income bracket. Although these grants are given at the discretion of the local authority, there is understandable reluctance on their part to discriminate between applicants, the suitability of the property for conversion or improvement being the main criteria. What is still urgently needed, both to relieve the local authority of the responsibility of housing large numbers of the community, and to give to the individual the satisfaction of owning the house in which he lives, is an increase in the number of moderately priced houses readily available to those on modest incomes.

It is, however, pleasing to record the increase in the number of owner-occupiers and owners of tenanted houses who are submitting

successful applications and endeavouring to bring their houses up to a standard befitting the seventies.

Many of those making enquiries after reading advertisements which appeared in the national press were disappointed to learn that grants are not available solely for works of repair.

One aspect of improvement grant work which is proving disappointing is the lack of response by tenants to submit applications to the local authority under Section 19 of the Housing Act, 1964. This is possibly due to both lack of publicity informing tenants that such legislation exists, and a reluctance on the part of the tenant to antagonise the landlord. If all houses are to be improved and brought up to a good standard, then greater attention must be given to this particular section in the future.

Applications for standard grants during the year totalled 81, of which 48 were from owner-occupiers. One application was rejected, because the applicant did not propose to install a bath or shower and, in addition, the house formed part of a road widening scheme.

Nineteen applications for discretionary grants were received, one of which was refused as the work proposed did not rank for a grant.

During the year 68 properties were improved with the aid of grants.

## **Rent Act, 1957**

No applications for certificates of disrepair, or for cancellation of certificates, were received during the year.

## **Qualification Certificates**

Part of the Housing Act, 1969, enables the owner of a house let to a controlled tenant, and having all basic amenities and being in good repair, having regard to its age, locality and character, to apply to the local authority for a Qualification Certificate. Possession of such a certificate allows the owner to make application to the Rent Officer to have the controlled tenancy converted to a regulated tenancy, thereby increasing the rent to an economic level.

Increases may be spread over a five-year period, but may be re-assessed at the expiration of three years.

Six applications were submitted, and at the end of the year were receiving consideration.

## **Houses in Multiple Occupation**

In the past twelve months 126 formal notices have been served in respect of houses in multiple occupation. Thirty-five of these have been satisfactorily completed, 21 notices were later withdrawn as a result of

the houses reverting to single occupation, and 2 of the houses, as a result of further inspection and consideration, were made the subjects of closing orders. Of the remainder, many owners have the works well in hand, and it is hoped that all notices will be satisfactorily concluded without undue pressure from the local authority. Towards the end of the year six applications for special grants were received.

With grant aid now available for supplying such houses with the basic amenities, there is less reluctance on the part of some landlords to carry out specified works. It is regrettable, however, that grants cannot be paid towards the cost of works necessary to ensure a safe means of escape in case of fire, and it is to be hoped that the Government may soon have a change of heart and allow local authorities to pay part of the cost of providing this most vital facility.

One owner decided to appeal against part of a Section 15 notice, which required the replacing of existing wash-hand basins with sinks. The County Court Judge hearing the case found in the Appellant's favour, ruling that in this instance, having regard to the age of the occupants, wash-hand basins were sufficient.

It is interesting to note that, a few days after the hearing, a letter was received from one of the tenants expressing regret that she was not to have the convenience of a sink in her room.

## GENERAL INSPECTIONS FOR PUBLIC HEALTH PURPOSES

Visits and inspections made by the Public Health Inspectors for the above purposes were:

Complaints investigated	..	..	676
Camping Sites and Moveable Dwellings	..	..	114
Places of Public Entertainment	..	..	1
Swimming Baths	..	..	321
Drainage and Plumbing Works	..	..	192
Land Charges Enquiries	..	..	49
Stables and Piggeries	..	..	67
Smoke Observations	..	..	182
S.O.2 recordings	..	..	256
Factories	..	..	137
Outworkers' Premises	..	..	44
Noise Abatement	..	..	96
Corporation Establishments	..	..	129
Verminous Premises	..	..	50
Re-visits	..	..	544
Infectious Disease Investigations	..	..	93
Miscellaneous visits	..	..	1,428

## **Statutory Notices under the Public Health Act, 1936**

Most owners of property comply with the requirements of informal notices, but it was necessary during the year to serve the following formal notices:

Section 17—To remedy stopped-up drains	13
Section 93—To abate nuisances .. ..	17

## **Caravan Sites and Control of Development Act, 1960**

There are four licensed sites within the Borough, with a total of 295 caravans. Of these, 264 were used as holiday caravans only. All sites comply with the requirements of the Act.

## **Rag Flock and Other Filling Materials Act, 1951**

Six premises are registered by the local authority under the provisions of this Act, and frequent inspections are made to ensure that the requirements as to cleanliness of materials and bedding are complied with.

## **Pet Animals Act, 1951**

Five applications for licences to keep pet shops were received, all of which were granted.

## **Animal Boarding Establishments Act, 1963**

One application to keep an animal boarding establishment was received during the year, and a licence granted.

## **Riding Establishments Act, 1964**

One application was received for a licence to keep a riding establishment, and a licence granted.

## **Fertilisers and Feeding Stuffs Act, 1926**

Two samples of fertilisers and one of feeding stuffs were taken during the year, both of which were satisfactory. Due to certain factors the number of samples taken during the year is conceded to be low, and it is hoped that in future years we shall see a considerable improvement on this.

## **Clean Air Acts, 1956 and 1958**

It will be immediately recognised that our problems in this field are minimal compared with those posed in industrial and more densely populated areas, but this does not mean that there is no involvement in this subject. It is true, our "trouble spots" tend to be isolated but we do have necessity to keep an eye upon chimney emission, and to advise and seek the co-operation of plant operators to ensure the requirements of the above Acts are complied with. But over the past few years—and the one under review has added a small quota—the modernisation of industrial boilers, usually to oil burning, has done much to eliminate

these trouble spots. In perspective, in so far as Eastbourne is concerned, of course, I do not think there is any question but that the domestic chimney adds the very much greater amount of pollution to the atmosphere.

At the same time I think it would not be opportune to suggest that at the present time smoke controlled areas should be considered in the Borough, since it is becoming increasingly evident that the supplies of smokeless solid fuels can barely keep pace with the demand of areas where atmospheric pollution is a very serious problem indeed.

In September, the Public Protection Committee considered the question of nuisance and potential danger caused by burning materials by Contractors engaged in the demolition of buildings. Very shortly after this the Clean Air (Emission of Dark Smoke) (Exemption) Regulations, 1969, came into force which, whilst not prohibiting such burning, does impose three conditional requirements which it is hoped will in the ultimate keep this matter generally under control.

No application for "prior approval" of any furnace was received during the year and approval was given to the height of three new chimneys to be erected in association with a furnace.

### **National Survey of Air Pollution**

During the year we continued to operate one smoke and SO<sub>2</sub> recording instrument in the Borough. This is now situated at Avenue House and the information obtained continued to be supplied to the Ministry of Technology (Warren Spring Laboratory) for use in their National Survey of Smoke and Sulphur Dioxide, and we are grateful to them for the computerised data they supply at regular intervals.

### **Noise Abatement Act, 1960**

During the year, 24 complaints of alleged noise "nuisance" were received, of which 18 were considered to be substantiated. These necessitated 96 visits. Informal action and advice secured the abatement of these nuisances.

The complaints related to:

- Disturbance caused to residents by a public address system in a factory ("Music while you work")
- Noise from refrigeration motor
- Garage repairs at night
- Ventilating extractor fan in a block of flats
- Radios
- Aviary
- Dogs barking
- Noise from builders' yard
- Mechanical wood saw
- Noise from machines at launderette
- Factory weighbridge being used during the night
- Loading and unloading of lorries.

## **Scrap Metal Dealers**

There were 16 Scrap Metal Dealers registered with the Police during the year, and visits were made to ensure freedom from nuisance.

## **Offices, Shops and Railway Premises Act, 1963**

During the year 51 premises were registered and 66 deleted from the register because of changing circumstances. The total number of registered premises at the end of the year was 990, all of which have now been inspected. During the year, 726 general inspections were made and a total of 909 visits made for all purposes.

This year more attention was given to the avoidance of accidents and the necessity to notify those which involved employees and disabled them from working for three days or more.

Accidents notified during the year totalled 34, the highest since the commencement of the Act. The majority of these were due to falls and slipping on floors or staircases and mostly resulted in severe bruising, strains or sprains.

One accident occurred when a youth, after washing wigs in a petroleum spirit and hanging them on a clothes line to dry, decided to light a cigarette. The boy was quite severely burned. Advice was given on the use of more suitable cleansing liquids.

In May, the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968, came into operation, which imposed specific requirements as to the construction, maintenance and examination of hoists and lifts in premises to which the main Act applies, and which require lifts to be examined by competent persons, usually engineers of the insurance company, at least every six months, and for any adverse conditions to be reported to the authority responsible for administering the Act at the particular premises.

By the end of the year, 10 such reports had been received by this Department; 8 of these hoists or lifts were effectively repaired or renewed, and the remaining 2 were receiving attention.

In one instance, an unenclosed, manually operated goods lift, with a worn suspension rope, as well as a defective brake, was being used by shop employees to ride from a ground floor store to and from a basement store about 12 feet deep. This is being replaced by an electric goods lift.

Close co-operation with the Chief Fire Officer and his staff, H.M. Factories Inspectorate and the Ministry of Labour was maintained.

The following is the return, submitted to the Ministry of Labour under Section 60 of this Act, in respect of the period 1st January, 1969 to 31st December, 1969.

TABLE A—REGISTRATIONS AND GENERAL INSPECTIONS

<i>Class of premises</i>	<i>Number of premises registered during the year</i>	<i>Total number of registered premises at end of year</i>	<i>Number of premises receiving a general inspection during the year</i>
Offices .. ..	9	273	160
Retail shops .. ..	28	558	412
Wholesale shops, warehouses ..	3	32	32
Catering establishments open to the public, and canteens ..	10	125	121
Fuel store depots .. ..	1	2	1
TOTALS .. ..	51	990	726

TABLE B

Number of visits of all kinds by Inspectors to registered premises .. .. . 909

TABLE C—ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

<i>Class of workplace</i>	<i>Number of persons employed</i>
Offices .. .. .	3,408
Retail shops .. .. .	3,362
Wholesale departments, and warehouses ..	508
Catering establishments, open to the public ..	1,538
Canteens .. .. .	72
Fuel storage depots .. .. .	15
TOTAL .. .. .	8,903
Total Males .. .. .	3,997
Total Females .. .. .	4,906

TABLE D—EXEMPTIONS—Nil.

TABLE E—PROSECUTIONS—Number instituted and completed during the year—Nil.

TABLE F—INSPECTORS

Number of inspectors appointed under Section 52 (1) or (5) of the Act .. 7

Number of other staff employed for most of their time on work in connection with the Act .. .. . Nil

## ANALYSIS OF CONTRAVENTIONS FOUND

<i>Section</i>	<i>Number of Contraventions found</i>
5—Overcrowding .. .. .	1
6—Provision of thermometer .. .	21
8—Lighting .. .. .	11
9—Sanitary conveniences .. .. .	7
10—Washing facilities .. .. .	16
16—Floors, passage and stairs .. .	19
17 { Fencing exposed parts of machinery	1
{ Lifts .. .. .	10
{ First Aid .. .. .	39
24 { Abstract of Act .. .. .	55
{ Other matters .. .. .	14
<b>TOTAL .. .. .</b>	<b>194</b>

## REPORTED ACCIDENTS

<i>Workplace</i>	<i>Number reported</i>		<i>Total number investigated</i>	<i>Action recommended</i>			<i>No action</i>
	<i>Fatal</i>	<i>Non-Fatal</i>		<i>Prosecution</i>	<i>Formal warning</i>	<i>Informal advice</i>	
Offices .. .. .	—	6	3	—	—	1	5
Retail shops .. .. .	—	23	13	—	—	6	17
Wholesale shops, and warehouses .. .. .	—	2	1	—	—	1	1
Catering establishments open to the public .. .. .	—	3	1	—	—	—	3
Fuel storage depots .. .. .	—	—	—	—	—	—	—
<b>TOTALS .. .. .</b>	<b>—</b>	<b>34</b>	<b>18</b>	<b>—</b>	<b>—</b>	<b>8</b>	<b>26</b>

## ANALYSIS OF REPORTED ACCIDENTS

	<i>Offices</i>	<i>Retail shops</i>	<i>Wholesale warehouses</i>	<i>Catering establishments open to public canteens</i>	<i>Fuel storage depots</i>
Falls of persons ..	6	9	—	1	—
Stepping on or striking against object or person ..	—	—	—	1	—
Handling goods ..	1	4	—	1	—
Struck by falling object ..	—	3	—	—	—
Electrical ..	—	2	—	—	—
Fire ..	—	1	—	—	—
Hand Tools ..	—	2	—	—	—
Stationary Vehicle ..	—	—	1	—	—
Not otherwise specified ..	—	1	1	—	—
<b>TOTALS ..</b>	<b>7</b>	<b>22</b>	<b>2</b>	<b>3</b>	<b>—</b>

## FACTORIES ACT, 1961

### 1. Inspections for Purposes of Provisions as to Health

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers Prosecuted</i>
(iii) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority .. ..	45	14	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. ..	240	62	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) .. ..	37	61	2	—
<b>TOTAL ..</b>	<b>322</b>	<b>137</b>	<b>2</b>	<b>—</b>

## 2. Cases in which Defects were Found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ..	4	4	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) .. ..	—	—	—	—	—
Inadequate ventilation (S.4) .. ..	—	—	—	—	—
Ineffective drainage of floors .. ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective ..	6	5	—	—	—
(c) Not separate for sexes .. ..	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) .. ..	—	—	—	—	—
TOTAL ..	10	9	—	—	—

## Part VIII of the Act—Outwork

### SECTIONS 133 AND 134

<i>Class of work</i>	<i>Section 133</i>		
	<i>No. of Outworkers in August list required by Section 133</i>	<i>No. of cases of default in sending list to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>
Wearing apparel .. ..	37	—	—
Curtains and furniture hangings ..	19	—	—
Scooter and moped accessories ..	3	—	—
Cabinet and Furniture making ..	4	—	—
<b>TOTAL .. ..</b>	<b>63</b>	<b>—</b>	<b>—</b>

### SECTION 134

There were no instances found of work being done by outworkers in unwholesome premises.

### Construction (Health and Welfare) Regulations, 1966

Redevelopment and building necessitated about 60 visits being made to building sites to enforce the provisions of these regulations brought in under Sections 7 and 127 of the Factories Act. In two cases it was necessary to serve informal notices regarding provision of sanitary accommodation.

## RODENT CONTROL

The Section received 428 complaints of rodents during the year, of which approximately two-thirds were concerned with rats, and the remainder mice, and in total over 2,700 visits by the rodent operative were made.

The sewers were baited in Spring and Autumn, concentration being made to those areas where experience over the years has shown there to be trouble, or where there were indications that perhaps trouble might be emanating from a particular sewer length. Generally, a minimum of 10 per cent. of sewer manholes were so treated in accordance with recommended procedure. The anti-coagulant Warfarin was used in such treatment (as, indeed, for surface treatments). No use was made of fluorocetamide during the year.

We have no reason to believe that any Warfarin resistance has been acquired in the rat population, as has been reported from certain other parts of the country.

On the other hand, we did begin to suspect that the mice population were beginning to show some indication of resistance, and in a number of instances, where Warfarin failed to deal effectively with the problem, a single dose of poison (Zinc Phosphide) was used.

	<i>Type of Property</i>				
	<i>Local Authority</i> (1)	<i>Dwelling Houses</i> (2)	<i>All other (including business premises)</i> (3)	<i>Total of Cols. (1) (2) and (3)</i> (4)	<i>Agricultural</i> (5)
1. Number of properties inspected as a result of complaint ..	17	311	100	428	—
Number of such properties found to be infested by:					
Rats (a) Minor ..	8	191	43	242	—
(b) Major ..	2	11	4	17	—
Mice (a) Minor ..	6	90	43	139	—
(b) Major ..	—	5	11	16	—
2. Number of properties inspected in the course of survey under the Act ..	1	449	34	484	—
Number of such properties found to be infested by:					
Rats (a) Minor ..	—	87	2	89	—
(b) Major ..	4	—	2	3	—
Mice (a) Minor ..	—	9	2	11	—
(b) Major ..	—	—	—	—	—
3. Treated by Operators	16	352	105	473	—
4. Visits for all purposes	103	2,074	541	2,718	—

Number of block control schemes carried out—35.

## Verminous Premises

In common with most other authorities, consequent upon the general improvements in standards of hygiene, the number of complaints of verminous premises was very small indeed. Where cases did arise, advice was given and, where considered expedient, disinfestation carried out.

## Pigeons

The number of complaints concerning pigeons was at a slightly higher level than the previous year, a total of 135 visits being involved

in preliminary investigations. The resources available to deal with this problem were limited and although a certain amount of trapping was done, this it is feared, made but little inroad into the problem, and it may well be that in due course the Council might be asked to consider the use of specialist agencies to deal with the problem in the Borough as a whole, on a similar basis to that done by some other Sussex resorts.

### **Wasps' Nests**

During the summer many calls were received from householders and others requesting help to deal with the nuisance of wasps. Unfortunately, due to the limitation of availability of staff at the time, we could only deal with a small percentage of these, and we had no alternative but to refer the complainants to specialist contractors to deal with their problem. This we found to be not a wholly satisfactory arrangement, and it is hoped that in succeeding years more practical help can be given in this matter. Where it was possible to carry out treatment, a minimum charge of 10s. was made.

### **Bacteriological Sampling, other than of Food**

For bacteriological examination, a total of 220 samples of mains drinking water were taken. Of these, 202 samples were submitted to the Eastbourne Water Company, and 18 to the Public Health Laboratory. As a safeguard to our swimmers, 231 samples of water were taken from our swimming baths and paddling pools.

## **SECTION F**

### **MISCELLANEOUS**

Nursing Homes  
Nurses Agencies  
Nurseries and Child Minders  
Children Act, 1948  
Midwives Act, 1951  
Staff Medical Examinations  
Cremation  
Meteorology

### **NURSING HOMES ACT AND REGULATIONS**

The relevant section of the Public Health Act with regard to registration and inspection of Nursing Homes continued to be administered by the Council and authorised officers of this department.

The Nursing Homes Act, 1963, and the Conduct of Nursing Home Regulations provide, amongst other matters, for adequate and com-

petent staffing, adequate space, furnishing and nursing equipment, together with sufficient sanitary and washing facilities, light, heating and ventilation.

The Council, as Registration Authority, has considerable powers of supervision to ensure that Nursing Homes meet and maintain the required standards.

Two additional nursing homes were registered so that at the end of the year there were 16 nursing homes providing a total of 271 beds.

### **NURSES AGENCIES ACT, 1957**

One licence in respect of an existing Agency was renewed. The records of the Agency were satisfactory on inspection by an authorised member of the Department.

### **NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948**

This enactment was amended by Section 60 of the Health Services and Public Health Act, 1968, which came into operation on the 1st November, 1968.

From that date the scope of the 1948 Act was extended to include premises (other than those wholly or mainly used as private dwellings) in which children are received for a total of two hours or more in the day and persons who in their own homes and for reward look after one or more children under the age of five, to whom they are not related, for similar periods.

Local Health Authorities may, amongst other matters, make requirements concerning the number, qualification and experience of the persons who are to look after the children and may refuse to register premises and persons because of the condition of the premises, or equipment, etc.

Extensive publicity was given to the requirements of the Act and in consequence there were a considerable number of enquiries and subsequent registrations. The supervision of registered premises and child minders has required the full-time services of a senior health visitor supplemented by a senior medical officer.

At the end of the year 13 premises were registered. Nine of these provide child minding facilities for periods varying from a half-day to 2 days per week for up to 260 children whilst mothers are out shopping.

The remainder include private nursery schools providing all day care and education for up to 127 children. Fifty-one daily minders were

registered in respect of a total of 145 children under 5 years at the end of the year.

## **DAY CARE FACILITIES FOR CHILDREN UNDER 5**

### **Ministry of Health Circulars 37/68, 10/69**

In accordance with these Circulars the unmet need for day-care facilities for children under five in the priority groups was assessed. It was found that approximately 250 such children were in need of full or part-time care. The Council accordingly approved a scheme for the Local Health Authority to pay and in appropriate cases recover charges for the placement of children in private day nurseries and with child minders. The senior health visitor referred to above, also supervises the admission of children under this scheme.

Approval was also given for the inclusion of an additional day nursery in the Capital Programme not, however, included in schemes to be commenced within the next three years.

## **CHILDREN ACT, 1948**

The Medical staff of the Department were responsible for the statutory medical care of children in the Council's residential homes.

Dental inspection of the children was carried out in the Homes by the Chief Dental Officer and any necessary treatment was provided without delay through the School Dental Service, or in the case of pre-school children, through the Council's arrangements for dental treatment under the National Health Service Act.

## **MIDWIVES ACT, 1951**

The Local Health Authority is the Local Supervising Authority for the purpose of the Midwives Act, 1951.

During the year 35 midwives notified their intention to practice, of whom 2 were in the Council's Domiciliary Midwifery Service and 33 in the Hospital Service.

## **STAFF MEDICAL EXAMINATIONS**

New entrants to the Corporation service are required to complete a medical statement instead of submitting to a medical examination.

Only in those cases in which the Medical Officer of Health is not satisfied with the answers is a physical examination carried out.

Number of Medical Examinations made:

Sick Pay	..	..	..	..	36
Superannuation	..	..	..	..	56
					—
					92
					—

Number of Medical Statements scrutinised . . 637

In addition to the above, 58 examinations were carried out on candidates for admission to training colleges. There were also fourteen sessions at Chelsea Training College and nine at Eastbourne College of Education for medical inspection.

## THE EASTBOURNE CREMATORIUM DUTIES AS MEDICAL REFEREE

As Medical Referee to the Eastbourne Crematorium, a growing number of applications and medical certificates require scrutiny and not infrequently follow-up enquiries before the appropriate authority to cremate is issued.

The following statistics of certificates signed since the Crematorium opened in 1960.

1960	..	..	872	1965	..	..	1,542
1961	..	..	1,078	1966	..	..	1,624
1962	..	..	1,295	1967	..	..	1,713
1963	..	..	1,459	1968	..	..	1,956
1964	..	..	1,494	1969	..	..	2,014

## METEOROLOGY

Borough Meteorologist: W. L. PECK

January was generally mild with maximum temperatures never falling below 43° F, nor minimum temperature below 31° F. Rainfall was average for the month, whilst sunshine was below average.

February was colder than the average for the month, and snow fell on seven days, but there were a number of good sunny days during

the first half of the month, resulting in a monthly total well above average.

March was a very dull month with the total hours of sunshine not being much in excess of half the average sunshine. In spite of this conditions were mainly dry, all the rain falling within one week during the middle of the month.

April proved to be the sunniest since 1948, and as would be expected temperatures were well up to average, whilst rainfall was below average.

Conditions were generally rather unsettled during May, rainfall being well above average, but there were also some good bright days resulting in the sunshine total being up to average.

June was the sunniest month of the year, 292.6 hours being recorded, well above average, whilst rainfall was below average.

July was only a little less sunny than June, and was the warmest month of the year. Although rainfall was above average with a total of 2.95 inches, 2.74 of the total fell during three days, and very little rain fell during the remainder of the month.

Although sunshine during August was slightly below average, the weather was predominantly anticyclonic, with temperatures slightly above average and with a lack of strong breeze, this was quite a pleasant month.

September weather followed a similar pattern to August. Although sunshine was below average the dry, warm and quiet conditions made this another pleasing month.

Dry and sunny conditions prevailed during October, sunshine being well above average, whilst a negligible amount of rain fell—only 0.09 inches being recorded during the month.

During November conditions were mainly wet and windy. Rainfall, amounting to 6.95 inches, was slightly more than had been recorded for the previous four months.

December was a very dull month and although rainfall was not above the average in total, it fell on 21 days of the month, and of the remaining ten days, six were sunless. Total sunshine for the month only reached 26.4 hours.

## Summary of Observations

### AIR PRESSURE (MEAN SEA LEVEL)

#### Daily Average:

9 a.m.	..	..	..	..	30.008 inches
9 p.m.	..	..	..	..	30.009 ,,

## AIR TEMPERATURE

### Daily average:

Maximum	..	..	..	..	56.2 degrees
Minimum	..	..	..	..	46.0 „
Combined	..	..	..	..	51.1 „
Range	..	..	..	..	10.2 „
At 9 a.m.	..	..	..	..	51.6 „
At 9 p.m.	..	..	..	..	50.6 „
Warmest days: 11th July and 10th August..					79.0 „
Warmest night: 10th August	..			..	67.0 „
Coldest days: 8th and 15th February	..			..	32.0 „
Coldest night: 8th February	..			..	22.0 „

## SUNSHINE

Total	..	..	..	..	1873.4 hours
Daily average	..	..	..	..	5.13 „

## RAINFALL

Total	..	..	..	..	30.10 inches
“Rain” days	..	..	..	..	150 days

## HUMIDITY

### Daily average:

9 a.m.	..	..	..	..	82 per cent.
9 p.m.	..	..	..	..	84 „

## WINDS

Percentage of 9 a.m., 6 p.m. and 9 p.m. observations:

<i>Direction</i>					<i>Percentage</i>
N.	..	..	..	..	17.72
N.E.	..	..	..	..	4.93
E.	..	..	..	..	11.32
S.E.	..	..	..	..	5.66
S.	..	..	..	..	9.04
S.W.	..	..	..	..	6.30
W.	..	..	..	..	26.58
N.W.	..	..	..	..	13.79
Calm	..	..	..	..	4.66
Prevailing Winds	..	..	..	..	West
Snow and sleet recorded on			..	..	12 days
Thunderstorms recorded on			..	..	4 „
Fog (9 a.m.) recorded on	..		..	..	6 „
Gales recorded on	..	..	..	..	10 „
Air Frost recorded on	..	..	..	..	36 „
Ground Frost recorded on	..	..	..	..	77 nights

# Monthly Averages for 77-year Period 1888-1969

(Excluding War Years—1942-46 no observations)

Month		Air Temperature					Mean Sea Temperature	Sunshine		Rainfall	
		Means of			Highest recorded	Lowest recorded		Total hours	Daily hours	Inches	'Rain' Days
		Maximum	Minimum	Max. and Min. combined							
January ..	..	45.2	36.7	40.9	56 1922 1923	12 1940	42.4	62.2	2.01	2.98	16
February ..	..	45.1	36.4	40.7	58 1897	15 1929 1947 1956	41.2	83.1	2.97	2.23	14
March ..	..	48.3	38.2	43.3	66 1929	18 1909	42.8	137.4	4.43	2.18	13
April ..	..	52.9	41.5	47.2	72 1924	27 1922	46.9	179.0	5.97	1.96	12
May ..	..	59.0	47.1	53.0	78 1922	32 1935 1941 1967	52.9	234.4	7.56	1.72	11
June ..	..	63.9	52.1	58.0	86 1957	38 1962	58.6	240.1	8.00	1.83	11
July ..	..	67.2	56.0	61.6	90 1911	43 1919	62.6	235.2	7.59	2.26	11
August ..	..	67.5	56.3	61.9	86 1947	41 1907	63.8	217.3	7.01	2.66	14
September ..	..	64.6	53.0	58.8	82 1929	27 1919	61.4	174.0	5.80	2.51	12
October ..	..	58.3	47.7	53.0	71 1921	28 1931	56.0	123.3	3.98	3.84	16
November ..	..	51.3	42.1	46.7	63 1927	25 1923	49.9	71.0	2.37	3.86	16
December ..	..	46.9	38.6	42.7	59 1907	17 1908	45.3	54.1	1.75	3.62	17
Year ..	..	55.8	45.5	50.7	90	12	52.0	1811.1	4.96	31.65	163

## Monthly Averages, 1969

Month	Air Temperature					Mean Sea Temperature	Sunshine		Rainfall	
	Means of			Highest recorded	Lowest recorded		Total hours	Daily hours	Inches	'Rain' Days
	Maximum	Minimum	Max. and Min. combined							
January .. ..	48.2	41.0	44.6	54	31	43.7	45.9	1.48	2.95	18
February .. ..	41.5	32.6	37.1	50	22	39.5	93.2	3.35	2.02	13
March .. ..	46.1	36.6	41.4	52	27	41.0	80.0	2.58	2.43	11
April .. ..	53.3	40.9	47.1	65	32	45.9	228.6	7.62	1.55	9
May .. ..	57.8	48.0	52.9	71	41	52.7	232.7	7.51	2.58	20
June .. ..	64.9	52.1	58.5	74	43	57.5	292.6	9.75	1.36	10
July .. ..	70.2	57.7	63.9	79	51	63.1	265.6	8.60	2.95	6
August .. ..	68.4	57.5	63.0	79	50	64.5	209.0	6.74	3.36	13
September ..	65.9	55.1	60.5	72	45	62.4	163.0	5.43	0.28	4
October .. ..	62.2	52.3	57.3	69	41	58.9	150.0	4.84	0.09	3
November ..	51.2	41.4	46.3	62	27	51.5	86.4	2.88	6.95	22
December ..	44.3	36.4	40.3	53	26	43.4	26.4	0.85	3.58	21
Year .. ..	56.2	46.0	51.1	79	22	52.0	1873.4	5.13	30.10	150

# SUNSHINE

The position of resorts in southern districts were as follows:

<i>Position in List</i>	<i>Town</i>	<i>Total Hours</i>
1	Swanage .. ..	1885.1
2	EASTBOURNE .. ..	1873.4
3	Bognor Regis .. ..	1847.9
4	Torquay .. ..	1814.4
5	Worthing .. ..	1803.8
6	Weymouth .. ..	1793.3
7	Bournemouth .. ..	1789.4
8	Folkestone .. ..	1788.3
9	Littlehampton .. ..	1780.5
12	Lizard .. ..	1754.0
14	Teignmouth .. ..	1735.8
16	Penzance .. ..	1726.6
17	Brighton .. ..	1712.9
19	Southsea .. ..	1705.7
24	Falmouth .. ..	1692.7
25	Poole .. ..	1690.6
28	Bexhill .. ..	1677.3
33	Hastings .. ..	1648.9
43	Sidmouth .. ..	1611.2
46	Margate .. ..	1599.6

## 1969 Monthly Variations from Average

	<i>Maximum Temperature °F.</i>	<i>Minimum Temperature °F.</i>	<i>Sea Tempera- ture °F.</i>	<i>Sunshine Hours</i>	<i>Rainfall Inches</i>
January ..	+3.0	+4.3	+1.3	-16.3	-0.03
February ..	-3.6	-3.8	-1.7	+10.1	-0.21
March ..	-2.2	-1.6	-1.8	-57.4	+0.25
April ..	+0.4	-0.6	-1.0	+49.6	-0.41
May ..	-1.2	+0.9	-0.2	- 1.7	+0.86
June ..	+1.0	-	-1.1	+52.5	-0.47
July ..	+3.0	+1.7	+0.5	+30.4	+0.69
August ..	+0.9	+1.2	+0.7	- 8.3	+0.70
September ..	+1.3	+2.1	+1.0	-11.0	-2.23
October ..	+3.9	+4.6	+2.9	+26.7	-3.75
November ..	-0.1	-0.7	+1.6	+15.4	+3.09
December ..	-2.6	-2.2	-1.9	-27.7	-0.04
Year ..	+0.3	+0.5	-	+62.3	-1.55



# **SCHOOL HEALTH SERVICE**

## **CONTENTS**

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1. Statistics
2. School Hygiene
3. Medical Inspections and Consultations
4. Work of the School Nurses
5. Arrangements for Treatment
6. Child Guidance and School Psychological Service
7. Handicapped Children
8. Special Tuition
9. Dental Clinic
10. Employment of Children
11. Notification of Infectious Disease
12. Tuberculosis
13. Vaccination and Immunisation
14. Colleges of Education

## ANNUAL REPORT OF PRINCIPAL SCHOOL MEDICAL OFFICER 1969

This report has been compiled by my deputy, Dr. W. J. Wigfield, to whom is entrusted the day-to-day administration of the School Health Service. To the doctors, nurses, clerks and others who have maintained this valuable service through the year I extend my thanks.

KENNETH VICKERY

Local Authority or Area Health Boards, whither goes the School Health Service? Either we have an integrated Health, Welfare and School Health Service, but a tripartite medical service, or we have a dis-integrated Health, Welfare and School Health Service and an unified Medical Service. It seems that the latter is to be the future pattern. Our task will be to bridge the gaps.

Until now, the School Health Service has been predominantly school centred. Schools had their nurse, their doctor. Examinations are carried out in school. Correct placement of handicapped and insecure children depends on adequate knowledge of the schools both as buildings which are more—or less—suitable for handicapped children, and as communities with differing sorts of discipline, different aims, different pupil-teacher relationships. I hope it will be possible to maintain the happy relationships and co-operation between teachers and the Health Department staff when we are “under new management.” The Infants Schools have already mourned the passing of the district Health Visitor in whose area the school is situated. A Head Teacher now has to seek information from one of ten different Health Visitors depending on which family doctor has the case of the child.

Pre-school medical examinations, undertaken at  $4\frac{1}{2}$  years of age, are now well organised, and 64 per cent. of children entering school have already been examined. The stage has now been reached when the entrant's periodic medical inspection can be omitted for these children and an attempt made to examine all children before they enter school. This allows the doctor to assess the maturity of the child and assess whether any difficulties are likely to arise in the settling down period at school. Although the routine medical examination is to be omitted at school, vision and hearing tests will be continued in view of their importance in education.

Interest has been expressed in the “pre-school profile” of a child. This is a detailed questionnaire completed by parents and sent to the Head Teacher of the Infants' School to which the child will go. It is American in origin, but is being tried with some success in this country. It is not proposed to use it in Eastbourne, but a more limited range of questions about the family and child is being introduced at the pre-school medical examinations to help teachers to identify the “at risk” child.

Head lice have made an unwelcome return to schools recently. Whether they flourish periodically, and we are experiencing a natural recrudescence as we are with scabies, is not known. Certainly at present it is wise to discourage girls (and boys) from trying on wigs and hats in shops. This has become a popular pastime for many girls. If someone carrying head lice tries on a wig, it is likely to remain infested for several days. Ideally, I should like to see all head-gear treated with gamma BHC, before it reaches the shops. I do not consider boys with long hair are more likely to get infested, but once they have picked up a few lice these will undoubtedly flourish much better in long hair.

The introduction of fluoride drops for children up to the age of eight years, available free of charge at all child health clinics, and the distribution of Dental Hygiene packs to all new school entrants, represent worthwhile steps in the promotion of dental health. The state of the teeth of Eastbourne children is generally speaking unsatisfactory, and unless the current fashion of eating sticky carbohydrates changes it is likely to remain so. The only known measure to combat this situation is the raising of the fluoride level in drinking water.

The omission of the N.S.P.C.C. Inspector's report and that of the Child Welfare Co-ordinating Committee presents one of the changes in apportionment of work. It is felt that these are more appropriately included in the report of the Children's Officer. The section on part-time employment of children is the last of the series, for under the new bye-laws 14-year-old children may be employed without medical examination. The school medical officers are well aware of this and on the rare occasions that a child is found to be medically unfit, steps can be taken to withdraw him from work.

W. J. WIGFIELD

## EDUCATION COMMITTEE

(as constituted at 31st December, 1969)

### *The Mayor:*

MR. ALDERMAN C. J. BAKER, J.P.

### *Chairman:*

MR. ALDERMAN W. P. LEBBON

### *Deputy Chairman:*

MR. COUNCILLOR A. G. BANFIELD

MR. ALDERMAN S. M. CAFFYN, C.B.E.

### *Councillors:*

J. ANGELMAN  
P. S. BROCKWELL  
J. R. ELPHICK  
W. J. EVENDEN  
MRS. U. E. G. GARDNER  
C. V. HORRIDGE  
J. W. E. HOWLETT  
C. H. LACEY  
J. D. NICHOLSON  
MRS. K. UNDERHAY  
J. E. VINCENT  
MRS. E. F. M. WHITE

### *Co-opted Members:*

REV. CANON W. W. S. MARCH  
REV. CANON T. J. LYNCH  
REV. D. J. BOYS  
MR. J. W. BALL  
MR. A. G. RUSSELL  
MRS. M. F. WIGHAM

## SCHOOL HEALTH SERVICES

(a) **Full-time Officers** (as at 31st December, 1969)

### *Principal School Medical Officer:*

K. O. A. VICKERY, M.D., B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

### *Deputy Principal School Medical Officer:*

WALTER JAMES WIGFIELD, M.A., M.B., B.Chir., D.P.H.

### *Senior Medical Officer:*

MARJORIE I. GODSON, M.B., Ch.B., D.P.H., C.R.P.

### *Medical Officer:*

MARY B. SIMPSON, M.B., Ch.B., D.A., D.P.H.

### *Principal School Dental Officer:*

ROGER A. ABBEY (Part-time), L.D.S., R.C.S., D.D.O.

### *School Dental Officers:*

J. W. MARTIN, L.D.S.  
MISS P. L. COOPER, B.D.S.

### *Superintendent Health Visitor:*

MRS. D. I. DALE, S.R.N., H.V.Cert.

*Health Visitors:*

MISS E. E. GRIFFIN, S.R.N., S.C.M., H.V.Cert., (Senior)  
MISS B. J. HUDSON, S.R.N., S.C.M., H.V.Cert.  
MISS J. MITCHENER, S.R.N., H.V.Cert.  
MISS N. HAMILTON MOSS, S.R.N., S.C.M., H.V.Cert.  
MISS H. M. PATTERSON, S.R.N., H.V.Cert.  
MISS A. M. RANKS, S.R.N., S.C.M., H.C.Vert.  
MRS. E. L. SNASHALL, S.R.N., H.V.Cert.  
MISS B. G. STEVENS, S.R.N., S.C.M., H.V.Cert.  
MRS. M. F. TOMSETT, S.R.N., H.V.Cert.

*School Nurse:*

MRS. G. ARMSDEN, S.R.N.

*Clerical Staff:*

MISS B. DOUCH (Senior)  
MRS. M. FAGGETTER  
MRS. G. M. MORRIS  
MRS. J. C. RUDMAN

*Dental Surgery Assistants:*

MRS. D. ANDREWS  
MRS. K. A. COLEMAN  
MISS K. J. FARRINGTON

*Child Guidance and School Psychological Service:*

MISS M. P. LOGG, B.A., Dip.Psych., A.B.Ps.S., Educational Psychologist  
MRS. S. M. HOOK, Clerk

**Officers attending Clinics by arrangements with the  
South-Eastern Metropolitan Regional Hospital Board**

*Consultant Orthodontic Surgeon:*

D. G. F. ARDOUIN, F.D.S., D'Orth., R.C.S.

*Psychiatrist:*

HUGH V. W. ELWELL, M.A., L.R.C.P., M.R.C.S., D.P.M.

**CLINICS**

*The various Clinics were held as follows:*

*Speech Therapy*

Acacia Villa	..	..	Friday, a.m.
Avenue House	..	..	Tuesday, a.m.
			Thursday, 2.15 p.m. to 7 p.m.
Hampden Park Infants' School	..	..	Weekly sessions
The Lindfield School	..	..	Weekly sessions
Bourne Infants' School	..	..	Weekly sessions
The Downs School	..	..	Weekly sessions
Motcombe Infants' School	..	..	Weekly sessions

### *Child Guidance*

Avenue House .. ..	Wednesday, 10 a.m. to 8 p.m. and
Psychiatrist .. ..	Fridays, 10 a.m. to 1 p.m.
Educational Psychologist ..	Wednesday, 9.30 a.m. to 7.30 p.m. Fridays and alternate Tuesdays, 9.30 a.m. to 4.30 p.m.

### *Ophthalmic*

Princess Alice Hospital .. ..	Special sessions fortnightly, Friday, 1.45 p.m.
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### *Dental*

Avenue House .. ..	Daily, 9 a.m. and 2 p.m.
Anaesthetic sessions .. ..	Monday and Friday, 9.30 a.m.

### *Chiropody*

District clinics as and when required

### *Remedial exercises (during school term)*

Avenue House .. ..	Friday mornings, 9 to 10 a.m.
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### *Slimming*

Avenue House .. ..	Tuesday, 4.30 p.m.
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## 1. STATISTICS

The number of children on the school registers on reopening in January was 7,346 and 7,245 by the end of the year. There were 1,045 children admitted during the year and the net increase compared with the end of 1968 was 110.

The average attendance of children for the year was 6,874, a percentage of 93.57.

### TOTAL NUMBER OF CHILDREN

At Primary Schools .. ..	4,247
At Secondary Schools, including Grammar Schools ..	2,903
At Special Schools .. ..	95
Total ..	<u>7,245</u>

## 2. SCHOOL HYGIENE

### *(a) Environment*

The standard of hygiene in all schools has been noted to be of the high standard of previous years, but it is, of course, particularly in the realm of school catering that the highest standards must be achieved and maintained, and during the year under review this has certainly been the case. Miss I. D. Groves, School Meals Organiser, and the

staff under her control, were fully aware of the necessity, not only for the provision of meals of a satisfactory dietary quality, but of the application of good hygienic practices and standards, so that the risk of incident of food-borne infection was reduced as far as is humanly possible.

Most of the school canteen kitchens are of modern design and standards, which with comparative ease, facilitate the maintenance of good standards, but there are still a few of the older buildings in existence where this achievement is not such an easy task.

The Public Health Inspectors, responsible for hygiene matters, have on all occasions received the fullest co-operation of Miss Groves and her staff in the pursuance of their duties in this field.

### *(b) Personal Hygiene*

Selective inspections totalling 8,699 were made to determine the cleanliness and general state of health of pupils. The number of children found to be infested with nits or head lice increased to 45.

### *(c) Health Education*

All four secondary modern schools have continued to make use of the resources of the health education section, the emphasis being on a course of from six to ten lessons, into which most aspects of personal health can be brought. Mothercraft courses for senior girls were again requested from two of the secondary schools.

Weekly health education lessons at the Lindfield Special School have been continued.

No requests for help have been received from Infants or Junior schools.

In an attempt to place Health Education on a more secure footing, an attempt was made to persuade schools to appoint a Health Education co-ordinator whose task would be to ensure that the subject was integrated into the whole school curriculum instead of competing with other subjects for a place on the time-table.

## 3. MEDICAL INSPECTIONS AND CONSULTATIONS

### ROUTINE MEDICAL INSPECTION

The routine inspection of infants is delayed until their third term in school which allows parents and teachers the opportunity of assessing the child's acceptance of school life and also enables the school nurse to test both vision and hearing (using the pure tone audiometer) so that more information is available for the school medical officer when the examination is made.

Fourteen-year-olds are also given routine medical examinations when the emphasis is on fitness for ordinary working life. The boys are given colour vision tests.

The Head Teachers, who naturally have the children under constant observation, assist greatly by returning forms to the Department indicating defects or problems which they have noticed in children due for medical inspection or re-inspection or whom they wish to be examined. During the year twenty-four such forms were returned.

The total number of children examined was 1,437 of whom 450 had defective vision or other significant defects requiring treatment (excluding dental disease). These figures include entrants into the area who were not up to date with their medical examinations and examination given to pupils remaining at school beyond the school-leaving age.

An assessment of each child's physical condition was made. 99.86 per cent. (1,435) children were classified as being satisfactory.

#### OTHER EXAMINATIONS

School Medical Officers visit each school, every term, to examine children about whom parents, teachers or the school nurse, request advice. One hundred and seventy-two children were brought to notice in this way. Follow-up examinations of children with defects found at earlier inspections totalled 1,503. Consultations and examinations were also carried out at school clinics when necessary.

Parents sometimes overlook the fact that the School Health Service is concerned with the whole child, physically, mentally and socially. Any troubles affecting the child at home produce repercussions at School. Advice and guidance are readily available and those dealing with children are encouraged to ask for help.

#### INDEPENDENT SCHOOLS

Whilst the Independent Schools do not participate in the formal arrangements for school medical examinations, the School Health Service is used freely in respect of individual services such as Child Guidance, Speech Therapy, Ascertainment of Handicaps, Immunisation and the prevention or spread of communicable disease.

### 4. WORK OF SCHOOL NURSES

	<i>Sessions</i>			
Medical Inspections .. .. .	..	..	..	152
Preparation for Medical Inspections .. .. .	..	..	..	12
Hygiene inspections .. .. .	..	..	..	103
Vaccination, Immunisation and B.C.G. in schools ..	..	..	..	13
Audiometric Testing .. .. .	..	..	..	46
Vision Testing.. .. .	..	..	..	103
Dental Clinics .. .. .	..	..	..	99
Minor Ailments Clinics .. .. .	..	..	..	349
Health Education in Schools .. .. .	..	..	..	136
	<i>Visits</i>			
Home Visits to Schoolchildren .. .. .	..	..	..	528
Other School Visits .. .. .	..	..	..	121

## 5. ARRANGEMENTS FOR TREATMENT

Children with defects are referred to their family doctors, to hospital for specialist opinion, or the School Clinic for treatment of minor ailments and other special defects.

MINOR AILMENT CLINICS				1968	1969
Total number of children who attended	..	..	..	517	506
Total attendances made	..	..	..	2,909	2,378
Total number of defects treated	..	..	..	553	506
Conditions treated:					
Scabies	..	..	..	—	1
Ringworm	..	..	..	1	1
Impetigo	..	..	..	27	16
Eye Disease (external)	..	..	..	16	24
Eye disease	..	..	..	6	5
Other skin diseases (boils, septic conditions, etc.)				259	248
Miscellaneous (sprains, burns, cuts, etc.)	..	..	..	236	202
Pediculosis	..	..	..	8	9
				<hr/> 553	<hr/> 506

### VISUAL DEFECTS

All children up to the age of 14 referred for eye testing for the first time were sent to the Hospital Eye clinic. Subsequent examinations for children with a straightforward refractive error are given the option of being transferred to opticians once the child has reached his tenth birthday.

During 1969, 99 children were referred to opticians by School Medical Officers and School Nurses. I would like to thank the local ophthalmic opticians who have co-operated by submitting reports on the children they examined.

During 1969, 146 forms for the repair or replacement of spectacles under the National Health Service were issued to children.

### EYE CLINIC

This takes place at the Princess Alice Hospital under the supervision of Mr. F. N. Shuttleworth, D.O.M.S., Consultant Ophthalmic Surgeon. Orthoptic and other specialist treatment is available at this clinic and there is still a waiting list of children overdue for review.

				New Cases		Old Cases	
				1968	1969	1968	1969
Number of cases referred to Oph-							
thalmic Clinic	..	..	..	145	145	175	195
Number of attendances made	..	..	..	190	190	176	199
Glasses prescribed	..	..	..	85	75	18	15

## AUDIOMETRY AND EAR, NOSE AND THROAT DEFECTS

During the year 743 children were given a preliminary hearing test in school using pure tone audiometers. 561 passed this test and 182 failed. 321 children were retested and in 193 cases hearing was satisfactory. Many of the 128 remaining cases were found to have recurrent deafness caused by catarrh and are being kept under observation.

As a result of tests twenty-six children were referred to the Ear, Nose and Throat Department of the local hospitals.

The arrangements for screening pre-school children for hearing defects have been continued, and a register maintained of those who are at special risk of being deaf.

Supervision of children wearing hearing aids in school has been continued so far as is possible by the school medical officers, but serious concern is felt at the lack of adequate supervision due to the absence of a teacher of the deaf. Some of these children really need individual speech training, and help in language development and comprehension, which is beyond the scope of work in a normal school classroom.

## ORTHOPAEDIC DEFECTS

As a result of the periodic medical inspection and reinspections arranged during the year the following children with faulty posture and defective feet were referred for remedial exercises.

	<i>Breathing exercises</i>	<i>Postural exercises</i>	<i>Foot exercises</i>
Infants and Junior Schools ..	19	4	113
Secondary Schools ..	2	1	5
Avenue House Clinic ..	—	—	12
	<hr/> 21	<hr/> 5	<hr/> 130

The exercises were given by third-year students of Chelsea College of Physical Education until the end of the Summer Term. Unfortunately, when the Autumn term commenced, Miss A. E. Gregory was unable to provide any students to carry on this valuable work and the exercises were discontinued. However, arrangements are being made to instruct the school P.E. teachers so that the exercises can be given to the children in school.

## OTHER DEFECTS

*Enuresis.* In the course of the year 13 children have borrowed electric alarm pad units. Ten children are now cured and three were unable to cope with the alarm device. It has been decided that this service can no longer be undertaken by the Medical Officer concerned as it is very time-consuming. Therefore, only cases referred by the Psychiatrist are provided with the buzzer machines. Other children who are thought to require this form of treatment are referred to their family doctor who can send them to the hospital for the advice of the Paediatrician.

## SPEECH THERAPY

Clinic sessions were held at Avenue House and Acacia Villa until October, when Mrs. Hansford the Speech Therapist was unable to continue working, due to an incapacitating illness. She has, however, supplied the following statistics.

From January–October 1969

<i>School</i>	<i>Sessions</i>	<i>Number attending</i>	<i>attendances</i>
Downs School .. ..	24	6	110
Lindfield .. ..	48	19	271
Motcombe .. ..	25	22	286
Hampden Park Infants School	19	23	291
Bourne Infants School ..	24	16	201
Avenue House and Acacia Villa	133	39	229
	<hr/> 273	<hr/> 125	<hr/> 1,388

Total number of children of school age treated during 1969 .. ..	125
Number of attendances .. ..	1,388
Number of children under school age treated during 1969 .. ..	25
Number of attendances by under school age children	314
Number of cases of school age but not attending school .. ..	2
Attendances made .. ..	39
Total number of new cases referred during the year	33
Total number of cases discharged up to September	25

<i>Type of defect treated in children of school age</i>	<i>Cases</i>
Dyslalia .. ..	40
Cleft palate .. ..	1
Stammer .. ..	12
Sigmatism .. ..	16
Delayed speech .. ..	8
Other defects .. ..	48
	<hr/> 125

<i>Type of defect treated in children under school age</i>	<i>Cases</i>
Dyslalia .. ..	12
Cleft palate .. ..	1
Stammer .. ..	4
Delayed speech .. ..	5
Other defects .. ..	3
	<hr/> 25

Miss Sylvia Martin kindly undertook to carry out two sessions a week when she treated some 18 children with speech defects attending the Downs School and Pashley Down Infants School. This arrangement was only temporary until such time as a full-time Speech Therapist could be employed.

## 6. EASTBOURNE CHILD GUIDANCE CLINIC AND SCHOOL PSYCHOLOGICAL SERVICE

### (a) CHILD GUIDANCE CLINIC

Number of new cases referred in 1969 .. ..	61	
Number of cases re-referred in 1969 .. ..	12	
	—	73
Number of cases carried forward from 1968 ..	6	
Cases withdrawn before diagnostic interview ..	7	
Cases moved to another area before being seen ..	1	
Number of cases on waiting list .. ..	15	

#### *Sources of referral*

School Medical Officers .. ..	12	
Schools .. ..	8	
Private doctors .. ..	17	
Hospital .. ..	1	
Parents .. ..	27	
Children's Officer .. ..	4	
Educational Psychologist .. ..	1	
Other sources .. ..	3	
	—	73
Transferred from Bexhill Clinic .. ..		4

#### *Problems*

Personality Disorder .. ..	8	
Nervous Disorder .. ..	8	
Habit Disorder .. ..	11	
Behaviour Disorder .. ..	38	
Advice for Placement .. ..	4	
Examination for Court .. ..	6	
Educational .. ..	2	
School Refusal .. ..	7	

#### *How dealt with*

Psychiatric Treatment .. ..	20	
Periodic Supervision .. ..	6	
Advice .. ..	22	
Referred to Educational Psychologist .. ..	2	
Referred to Social Worker .. ..	10	
Awaiting Diagnostic Interview .. ..	15	
	—	75

*Summary of work carried out:*

*Psychiatrist*

Diagnostic Interviews	..	..	..	59
Treatment Interviews	..	..	..	495

*Psychologist*

Interviews for tests	..	..	..	36
Interviews with parents	..	..	..	15
School Visits	..	..	..	9
Home Visits	..	..	..	4

*Social Worker (18.4.69–18.7.69)*

Interviews in Clinic	..	..	..	141
Home and other visits	..	..	..	7
Social Histories	..	..	..	14

*Analysis of Treatment Cases closed during the year*

(i.e. old and new cases seen by Psychiatrist in 1969 and previous years and discharged during 1969 according to the following categories):

Discharged—Improved	..	..	..	5
Not improved	..	..	..	1
After advice	..	..	..	12
Transferred	..	..	..	3
Unco-operative	..	..	..	2

(b) SCHOOL PSYCHOLOGICAL SERVICE

Number of new cases referred during 1969	..	56	
Number of cases re-referred during 1969	..	21	
		—	77
Number of cases carried forward from 1968	..	31	
Number of cases moved from area	..	5	
Number of cases withdrawn before test	..	4	
Number of cases dealt with by School Medical Officer	..	2	
Number of cases on waiting list	..	20	

*Sources of referral:*

School Medical Officers	..	..	..	7
Schools	..	..	..	50
G.P. or Hospital	..	..	..	5
Parents	..	..	..	10
Children's Officer	..	..	..	1
Chief Education Officer	..	..	..	1
Speech Therapist	..	..	..	1
Solicitors	..	..	..	1
Others	..	..	..	1
			—	77
Number of cases seen during 1969	..	..	93	

*How dealt with:*

Advice only .. .. .	31
Placement in E.S.N. School recommended ..	12
Placement in J.T.C. recommended .. .. .	1
Other placement recommended .. .. .	14
Remedial Teaching undertaken .. .. .	3
Kept under observation .. .. .	20
Referred to Child Guidance Clinic .. .. .	1

*Summary of work carried out:*

Interviews for tests .. .. .	106
Interviews with parents .. .. .	24
Remedial Teaching interviews .. .. .	176
School visits .. .. .	45
Home and other visits .. .. .	30

*Analysis of Remedial Teaching cases:*

Number in attendance during 1969 .. .. .	12
Number discharged improved .. .. .	1
Number unwilling to continue .. .. .	1
Number left area .. .. .	1
Number help arranged at school .. .. .	2

## 7. HANDICAPPED CHILDREN

The following table shows the number of children on the Register of Handicapped Pupils at the end of the year.

	<i>In Residential Special Schools</i>	<i>In Day Special Schools</i>	<i>In Ordinary Schools</i>	<i>In Hospital Schools</i>	<i>At Home</i>	<i>Total</i>
Partially sighted	1	1	2	—	—	4
Blind .. .. .	3	—	—	—	—	3
Partially hearing	3	—	13	—	—	16
Deaf .. .. .	5	—	—	—	—	5
Delicate .. .. .	—	3	2	—	1	6
Physically Handicapped	3	9	6	4	1	23
Educationally Subnormal ..	3	72	—	—	—	75
Epileptic .. .. .	—	1	1	—	—	2
Maladjusted .. .. .	2	—	1	—	—	3
Speech .. .. .	—	4	—	—	—	4
	<hr/> 20	<hr/> *90	<hr/> 25	<hr/> 4	<hr/> 2	<hr/> 141

*\*This total includes three children from other authorities*

### EPILEPTICS

There are ten children who are known epileptics attending ordinary schools in the town (not on the Register of Handicapped Pupils).

## CHILDREN FOUND TO BE UNSUITABLE FOR EDUCATION AT SCHOOL

Number of children who were the subject of new decisions recorded under Section 57 of the Education Act 1944	..	..	..	..	..	—
Number of children reviewed under the provisions of Section 57A of the Education Act 1944	..	..	..	..	..	—
Number of decisions cancelled under Section 57A (2) of the Education Act, 1944	..	..	..	..	..	—

## 8. SPECIAL TUITION

*At Home.* Tuition was given to one child suffering from psychiatric disorder.

*In Hospital.* Tuition was given to five children whilst they were in hospital.

## 9. DENTAL SERVICES

This year has been marked by great changes. At the end of January Mr. M. G. Berry, the Chief Dental Officer for some twenty years, retired. He will be greatly missed by our patients and the staff in the dental section. During January also, Mr. Biggs was appointed, first as a part-time Officer and later full-time, remaining with us until the end of July. Mr. R. A. Abbey as C.D.O. joined the section in February on a part-time basis and commenced a complete reorganisation of the service. This was phased in the first year to include the refurbishing of Surgery "A", the recovery room and the office on the first floor at a total cost of approximately £1,750, involving the installation of completely new dental equipment which will enable the use of modern dental techniques for child treatment.

The subsequent phasing of the reorganisation is due to be completed during 1970 and a similar process of refurbishing the ground floor Surgery "B" and waiting room.

During August and September we were helped out by the assistance of additional sessions ably carried out by Mrs. Garratt who has had previous experience in the school dental service. The selection and appointment of Miss P. Cooper as a new permanent school dental officer was made during this period and she commenced her duties on 1st October in the transformed Surgery "A".

This year has not been marked by outstanding improvements in statistical returns. However, this is not surprising when it is realised interruptions of routine work for some period was unavoidable while Surgery "A" was in the hands of the contractors. Nevertheless, completed dental inspections at all schools with one exception were accomplished, the latter omission being due to staff illness. 6,540 children were inspected, 2,751 were found to require treatment. Of these, 1,509 individual children elected to receive treatment within the

school service. The statistics show a drop in the number of both permanent and primary teeth requiring extraction and also in the number of general anaesthetic sessions needed to be undertaken. This is a favourable trend.

#### ANALYSIS OF TREATMENT

1. Number of Session devoted to inspection and treatment:  
     Surgery "A" operators      ..      ..      ..      400  
     Surgery "B" operators      ..      ..      ..      420
2. 57 sessions devoted to school inspection and 763 to treatment.
3. Of these 57 sessions children were dentally examined in the following age groups:

Age	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total
Number Inspected	128	649	659	633	569	529	510	467	591	548	561	384	163	90	45	14	6,540

#### *Permanent fillings completed:*

Inserted in permanent teeth	..	..	..	1,894
Inserted in primary teeth	..	..	..	320
				<hr/> 2,214 <hr/>

#### *Teeth filled:*

Permanent teeth	..	..	..	1,750
Primary teeth	..	..	..	301
				<hr/> 2,051 <hr/>

#### *Extractions:*

Permanent teeth	..	..	..	378
Primary teeth	..	..	..	972
				<hr/> 1,350 <hr/>

Administration of general anaesthetics	..	..	854
Number of dentures fitted	..	..	17
Number of children X-rayed	..	..	154
Number of children receiving scaling and gum treatment			67
Number of teeth conserved by topical application	..		39

A close liaison has continued to be maintained with the Orthodontic Consultant and in addition the Chief Dental Officer has himself been treating a number of urgent orthodontic cases.

Miss Hemming, with her usual enthusiasm for hard work, has been giving us invaluable assistance with dental health education. This year activity in this field included selection of posters and leaflets sent to all head teachers and lists of dental health leaflets suitable for

showing to children of various age categories were included. Ten individual dental health displays were mounted in the Health Centre and clinics, and one animated display. Parents were invited to take free dental health literature, painting books and puzzles. Dental health posters were distributed to, and displayed by, a number of outside agencies. The subject of dental health was included as usual in our ante-natal mothercraft programmes and dental health talks in schools. One of our dental officers gave a talk to parents of the Young Mothers' Club and showed films, *Let's Keep Our Teeth* and *Where There's a Will*. The latter film was also shown to pupils of Eastbourne Grammar School. Other innovations this year were:

1. The distribution of dental hygiene kits to all school beginners and talks to this age group from teachers and a personal letter sent to parents from the C.D.O., emphasising the importance of impressing good dental hygiene habits into children of this age.
2. Arrangements made for letters to be sent to all school leavers urging them to contact a general dental practitioner of their choice so that some continuity will exist for their individual dental treatment.
3. Regular two-weekly intravenous anaesthetic sessions being instituted for cases difficult to handle under normal conditions in the surgery. This treatment includes both fillings and extractions.
4. Voluntary Fluoride Medication by Drops:

The demand from medical and dental practitioners, parents and patients necessitated a decision on this course, bearing in mind the fact that fluoridation of public water supply will not be possible with the County Borough for some time to come.

In conclusion it is envisaged that next year on the completion of phase 2 of the reorganisation of the service we shall see a great improvement in the output of dental work, particularly in the field of dental conservation and it is already emerging as a welcome trend in the latest monthly returns.

Mindful of the changing trends and advancement of dental practice and technology, we are determined that the Local Authority Dental Service here shall not be out of phase with general dental practice in the town.

## 10. EMPLOYMENT OF CHILDREN

The Department notified the Youth Employment Service of 628 children attending Secondary Modern Schools who had had their final school medical examination and were fit for all types of employment. Form Y.9 was issued in respect of forty-seven children, indicating types of employment for which they were not suitable.

To comply with the old Bye-Laws regulating the employment of children of school age, a medical certificate had to be produced stating

their employment would not be prejudicial to the child's health and development and would not render them unfit to benefit from their education. 333 such certificates were completed and sent to the Youth Employment Officer.

In September the By-laws were revised so that it is no longer necessary for a medical certificate to be issued for each child who had obtained employment. Any authorised officer of the authority may, however, require a child to be submitted for medical examination for the purpose of enabling the local authority to ascertain whether the child is being employed in such a manner as to be prejudicial to his health or otherwise to render him unfit to obtain the full benefit of the education provided for him.

## 11. NOTIFICATION OF INFECTIOUS DISEASES

The following notifications of infectious disease in children of school age were received in the Department:

Scarlet Fever .. .. .	13
Measles .. .. .	11
Infective Jaundice .. .. .	2

## 12. TUBERCULOSIS

No cases of respiratory tuberculosis were notified in children of school age during the year.

### B.C.G. VACCINATION AGAINST TUBERCULOSIS

For some years children known to be contacts of cases of tuberculosis have been offered this vaccine by the Chest Clinic as a routine preventive measure. Ten children of school age were thus vaccinated.

In addition B.C.G. vaccination has been offered to children of thirteen years attending both Local Authority and private schools, and to students attending colleges of further education.

Details of children and students taking advantage of the scheme are as follows:

	<i>Skin Tested</i>	<i>Vaccinated</i>
Children in School .. .. .	536	515
Students .. .. .	15	14

## 13. VACCINATION AND IMMUNISATION

The Local Health Authority arranged for school children to receive vaccination and immunisation against smallpox, diphtheria, whooping cough, tetanus and poliomyelitis. Statistics relating to the protection of school age children are given in the relevant section of the Medical Officer of Health's Annual Report.

## 14. COLLEGES OF EDUCATION

The Department has been privileged to continue to assist with administrative medical problems as they arise in the Colleges. We are also grateful for the help given by students and staff to the children attending our special schools, and at the handicapped children's swimming club, held at Chelsea College Baths.

Members of the staff visited the Colleges during the year to give lectures on First Aid, Health Education and the Work of the School Health Service.

### DEPARTMENT OF EDUCATION AND SCIENCE

#### MEDICAL INSPECTION AND TREATMENT

(Excluding Dental Inspection and Treatment. See Form 28M)

RETURN FOR THE YEAR ENDED 31ST DECEMBER, 1969

*Local Education Authority:* COUNTY BOROUGH OF EASTBOURNE

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1970.

(i) Form 7 Schools, 7,349; (ii) Form 7M, 96; (iii) Form 11 Schools, Nil.	TOTAL ..	7,445
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NOTES—1. Where selective medical examinations are being carried out enter in column (5) below the number of pupils who have been "interviewed" or "discussed" at case conferences and found not to warrant a medical examination.

2. Pupils found at Periodic Inspection to require treatment for a defect should not be excluded from columns (6), (7) and (8) by reason of the fact that they were already under treatment for that defect.

3. Columns (6), (7) and (8) relate to individual pupils and not to defects. Consequently, the total in column (8) will not necessarily be the same as the sum of columns (6) and (7).

## Part I

### Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

<i>Age Groups Inspected (By year of Birth)</i>	<i>No. of Pupils who have received a full medical examination</i>	<i>Physical Condition of Pupils Inspected</i>		<i>Pupils found to require treatment (excluding dental diseases and infestation with vermin)</i>		
		SATISFACTORY	UNSATISFACTORY	<i>For defective vision (excluding squint)</i>	<i>For any other condition recorded at Part II</i>	<i>Total individual pupils</i>
		<i>Number</i>	<i>Number</i>			
(1) 1965 and later	(2) —	(3) —	(4) —	(6) —	(7) —	(8) —
1964	191	190	1	10	42	48
1963	535	535	—	32	154	179
1962	20	20	—	2	6	8
1961	13	13	—	1	5	5
1960	7	7	—	2	3	4
1959	12	12	—	1	4	5
1958	7	7	—	—	1	1
1957	19	19	—	5	5	10
1956	14	14	—	2	—	2
1955	435	434	1	95	61	132
1954 and earlier	184	184	—	39	23	56
TOTAL	1,437	1,435	2	189	304	450

Column (3) total as a percentage of Column (2) total: 99.86 %

Column (4) total as a percentage of Column (2) total: 00.14 %  
to two places of decimals

TABLE B—OTHER INSPECTIONS

NOTES—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	..	..	..	172
Number of Re-inspections	..	..	..	1,503
				Total
			..	1,675

TABLE C—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons ..	8,699
(b)	Total number of individual pupils found to be infested	45
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944 .. .. .)	—
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .. .. .	—

## Part II

## Defects found by Periodic and Special Medical Inspections during the year

NOTE—All defects, including defects of pupils at Nursery and Special Schools, noted at period and special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS								SPECIAL INSPECTIONS	
		Entrants		Leavers		Others		Total		(T)	(O)
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
4	Skin .. .. .	22	3	31	—	3	—	56	3	9	2
5	Eyes:										
	a. Vision .. ..	42	123	135	13	12	2	189	138	10	—
	b. Squint .. ..	13	—	2	—	—	—	15	—	—	—
	c. Other .. ..	2	1	—	—	—	—	2	1	4	—
6	Ears:										
	a. Hearing .. ..	7	91	3	3	—	8	10	102	4	2
	b. Otitis Media ..	1	2	—	—	—	—	1	2	2	—
	c. Other .. ..	1	—	—	—	—	—	1	—	4	1
	Nose and Throat ..	29	103	6	1	7	1	42	105	5	—
8	Speech .. ..	31	115	1	—	1	—	33	115	2	1
9	Lymphatic Glands ..	14	41	—	—	—	1	14	42	—	—
10	Heart .. ..	5	25	2	1	—	—	7	26	—	—
11	Lungs .. ..	11	21	9	2	—	—	20	23	3	—
12	Developmental:										
	a. Hernia .. ..	—	1	—	2	—	—	—	3	—	—
	b. Other .. ..	1	17	3	2	—	1	4	20	—	—
13	Orthopaedic:										
	a. Posture .. ..	2	4	3	5	—	—	5	9	—	—
	b. Feet .. ..	77	23	12	4	4	2	93	29	15	1
	c. Other .. ..	8	3	6	4	3	1	17	8	4	—
14	Nervous System:										
	a. Epilepsy .. ..	2	1	2	—	1	—	5	1	—	—
	b. Other .. ..	6	11	1	2	—	—	7	13	—	—
15	Psychological:										
	a. Development ..	4	11	1	1	—	2	5	14	16	—
	b. Stability .. ..	4	22	—	1	1	—	5	23	22	4
16	Abdomen .. ..	6	14	2	2	—	1	8	17	—	—
17	Other .. ..	6	9	16	13	2	1	24	23	25	1

### Part III

#### Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

NOTES—This part of the return should be used to give the total numbers of:

- (i) Cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint .. .. .	25
Errors of refraction (including squint) .. .. .	439
TOTAL .. .. .	464
Number of pupils for whom spectacles were prescribed .. .. .	178

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:	
(a) for diseases of the ear .. .. .	18
(b) for adenoids and chronic tonsillitis .. .. .	196
(c) for other nose and throat conditions .. .. .	13
Received other forms of treatment .. .. .	5
TOTAL .. .. .	232
Total number of pupils still on the register of schools at 31st December, 1969, known to have been provided with hearing aids:	
(a) during the calendar year 1969 (see note below) .. .. .	2
(b) in previous years .. .. .	17

A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments .. .. .	—
(b) Pupils treated at school for postural defects ..	5
TOTAL ..	5

TABLE D—DISEASES OF THE SKIN  
(excluding uncleanliness, for which see Table C of Part 1)

	<i>Number of pupils known to have been treated</i>
Ringworm—(a) Scalp .. .. .	—
(b) Body .. .. .	1
Scabies .. .. .	1
Impetigo .. .. .	16
Other skin diseases .. .. .	37
TOTAL ..	55

TABLE E—CHILD GUIDANCE TREATMENT

	<i>Number known to have been treated</i>
Pupils treated at Child Guidance clinics ..	102

TABLE F—SPEECH THERAPY

	<i>Number known to have been treated</i>
Pupils treated by speech therapists .. .. .	145

TABLE G—OTHER TREATMENT GIVEN

	<i>Number known to have been treated</i>
(a) Pupils with minor ailments .. ..	202
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	—
(c) Pupils who received B.C.G. vaccination ..	434
(d) Other than (a), (b) and (c) above. Please specify:	
Breathing exercises in school .. ..	21
Foot exercises in school .. ..	118
Foot exercises in clinic .. ..	12
TOTAL (a)–(d) ..	787

## SCREENING TESTS OF VISION AND HEARING

- 1 (a) Is the vision of entrants tested as a routine within their first year at school? Yes.
- (b) If not, at what age is the first routine test carried out? —
2. At what age(s) is vision testing repeated during a child's school life? Annually 6–16½ years.
3. (a) Is colour vision testing undertaken? Yes.
- (b) If so, at what age? 14 years.
- (c) Are both boys and girls tested? Boys.
4. (a) By whom is vision testing carried out? School Nurses.
- (b) By whom is colour vision testing carried out? School Medical Officers.
5. (a) Is routine audiometric testing of entrants carried out within their first year at school? Yes.
- (b) If not, at what age is the first routine audiometric test carried out? —
- (c) By whom is audiometric testing carried out? School Nurses.

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